

**BALTIMORE CITY  
HEALTH DEPARTMENT**

**BUREAU OF  
VITAL STATISTICS**

# **Birth Record**

**1871-1895**

**L01216-L01818**

**CR 77,463**

MSA CM1135



3-65-3-99

500 Apr. 1893

Extra  
vol. 3

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L = Stands for Lost Numbers

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Numbered 1926

3-65-2

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in Baltimore City, who shall hereafter take place, shall keep a true and correct record of the births which shall occur under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, the date and place of birth; and the sex, color, and occupation of its parents, in the form of a certificate between the first and third day of each month, to be signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period now required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. A101218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1893
4. Place of Birth, (Street and Number) 234 Hickory Ave
5. Full Name of Mother, Lillie W Sprinkle
6. Mother's Maiden Name, Hasty
7. Mother's Birthplace, Balto, Co. Md
8. Full Name of Father, Elias G Sprinkle
9. Father's Occupation, Barber
10. Father's Birthplace, Carroll Co Md
- Name of Medical Attendant, or other person who makes this Return, R. W. Rankin M.D.
- Address, Waverley Station Balto Md
- Remarks, \_\_\_\_\_

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a line for the name of the mother, a line for the name of the father, a line for the date of birth, a line for the sex, a line for the race or color, a line for the place of birth, a line for the full name of the mother, a line for the mother's maiden name, a line for the mother's birthplace, a line for the full name of the father, a line for the father's occupation, a line for the father's birthplace, a line for the name of the medical attendant, a line for the address, and a line for the remarks. And the Commissioner of Health shall be and he is authorized to require the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1893
4. Place of Birth, (Street and Number) #332 11th St Waverly
5. Full Name of Mother, Rosalie Parr
6. Mother's Maiden Name, Stevens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Augustes Parr
9. Father's Occupation, Iron Maulder
10. Father's Birthplace, New Jersey
- Name of Medical Attendant, or other person who makes this Return, R. G. Rankin m.d.
- Address, Waverly Station Balto. m.d.
- Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 7.—And he it further enacted and ordered that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. The birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or be attended by any person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, June 12<sup>th</sup> 1893
  4. Place of Birth, (Street and Number) # 612 Garsuch Ave
  5. Full Name of Mother, Nellie G. McGuffin
  6. Mother's Maiden Name, Hultz
  7. Mother's Birthplace, Baltimore
  8. Full Name of Father, William McGuffin
  9. Father's Occupation, Paper Hanger
  10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.
- Address, Waverly Station
- Remarks, \_\_\_\_\_

22103

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a record correct in form of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. 101219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 23<sup>d</sup> 1893

4. Place of Birth, (Street and Number) #1805 Asquith St.

5. Full Name of Mother, Sarah C. Gutherlet

6. Mother's Maiden Name, " " Walls

7. Mother's Birthplace, Prince George Co. Md

8. Full Name of Father, August B. Gutherlet

9. Father's Occupation, Latter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, Waverly Station

Remarks, \_\_\_\_\_

2010

RETURN OF A BIRTH

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month of each year, and shall be set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the date and place of birth, the date and occupation of its parents, the date and place of birth, and the name of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the full name of the father, in the case of any child to report its birth to the Commissioner of Health, in the case of any child born within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

CERTIFICATE CORRECTED 12-16-58  
RETURN OF A BIRTH A. 101220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*  
*Joseph Elmer Weisheit*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 30th 1893.*  
4. Place of Birth, (Street and Number) *S.E. Cor. Ector & Pratt sts*  
5. Full Name of Mother, *Jennie Weisheit*  
6. Mother's Maiden Name, *Guy*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Frederick Weisheit*  
9. Father's Occupation, *Compositor*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other person who makes this Return, *H. G. Rankin M.D.*  
Address, *Waverly Station*  
Remarks,



DOCUMENTS ACCEPTED

1. 1900 Federal Census for Elmer Weisheit

2. Sex Female

3. male

Name Mrs. Jennie Weisheit

Address Churchville Rd - Bel Air, Md

Date 12-16-58 L.M.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third schedules, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately after the birth of such child, the practitioner shall report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. A 101221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, June 11<sup>th</sup> 1893
  4. Place of Birth, (Street and Number) 619 Barclay St.
  5. Full Name of Mother, Sara G. Short
  6. Mother's Maiden Name, Rawley
  7. Mother's Birthplace, Baltimore
  8. Full Name of Father, Alfred E. Short
  9. Father's Occupation, Machine Hand
  10. Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this return, R. W. Rankin M.D.
- Address, Waverly Station
- Remarks,

104104

RECEIVED OF A BIRTH

TO THE OFFICE OF REGISTER OF VITAL STATISTICS

Department to secure a full and correct

Record of Vital Statistics in the City of Baltimore

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its date of birth, and its place of birth.



# RETURN OF A BIRTH. 101222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female) Male
  - Race or Color, (if not of the white race) White
  - Date of Birth, June 17<sup>th</sup> 1893
  - Place of Birth, (Street and Number) 608 Jefferson Ave
  - Full Name of Mother, Annie P. Warfield
  - Mother's Maiden Name, " " Munroe
  - Mother's Birthplace, Balto. Co. Md
  - Full Name of Father, Howard S. G. Warfield
  - Father's Occupation, Carpenter
  - Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.
- Address, Waverly Station
- Remarks,

RETURN OF A BIRTH

Record of Vital Statistics in the City of Baltimore

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 23<sup>d</sup> 1893

4. Place of Birth, (Street and Number) 409 Waverly Ave

5. Full Name of Mother, Gertie Halty

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Baltimore Co md

8. Full Name of Father, William H. Halty

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, R. H. Rankin M D

Address, Waverly Station

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur at the residence of the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101224  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3<sup>d</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19<sup>th</sup> 1893
4. Place of Birth, (Street and Number) 908 N Carey
5. Full Name of Mother Mrs Maggie Stevens
6. Mother's Maiden Name, Councell
7. Mother's Birthplace, Easton Md
8. Full Name of Father, Peter Stevens
9. Father's Occupation, Clerk
10. Father's Birthplace, Oxford Md
- Name of Medical Attendant, J. H. Peterson M.D.
- Address, Edmond Street
- Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24<sup>th</sup> nat.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 25<sup>th</sup> 1893.

4. Place of Birth, (Street and Number) 1123. Woodysan st -

5. Full Name of Mother, Maggie H. Patchett.

6. Mother's Maiden Name, M. H. Albright.

7. Mother's Birthplace, Shrewsbury, York County, Pennsylvania.

8. Full Name of Father, Charles H. Patchett.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Hair near Maryland -

Name of Medical Attendant, or other person who makes this Return, Dr. John Davis -

Address, 2102. Orleans St.

Remarks, Forceps - Delivery.

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14<sup>th</sup> 1893

4. Place of Birth, (Street and Number) Baltimore Fairmount Ave No 2308

5. Full Name of Mother, Mrs Joselin Lang

6. Mother's Maiden Name, Mrs Joselin McLine

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. Henry Lang

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Josa. Kuniger

Address, No 2026 E. Fayette St.

Remarks, \_\_\_\_\_

Wm. J. C. Dulany Co., City Printers and Stationers



Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a book to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred within the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01227**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16th 1893

4. Place of Birth, (Street and Number) 1644 E. Eager

5. Full Name of Mother, Rose Kennedy

6. Mother's Maiden Name, Ferguson

7. Mother's Birthplace, Balti

8. Full Name of Father, Peter A. Kennedy

9. Father's Occupation, seaman

10. Father's Birthplace, Phil., Pa

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E. Preston St

Remarks, \_\_\_\_\_

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month following the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

REGISTERED IN THE CITY OF BALTIMORE

## RETURN OF A BIRTH.

101228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, July 1<sup>st</sup> 1893
4. Place of Birth, (Street and Number) No. E. Cross St
5. Full Name of Mother, Anna Furman
6. Mother's Maiden Name, Anna Lusinski
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Furman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, A. Rubinstein 105 N. Dore St
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall cause the same to be entered in a book, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births occurring under his or her care during the month, and shall set forth as far as the same can be ascertained, the following particulars: the date of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case to the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

# RETURN OF A BIRTH. <sup>L01229</sup>

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- SEP 12 1893
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 4/93*
4. Place of Birth, (Street and Number) *1806 M<sup>c</sup>Bulloh St.*
5. Full Name of Mother, *C. M. Bates.*
6. Mother's Maiden Name, *Manin*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Chas. B. Bates.*
9. Father's Occupation, *Hatter*
10. Father's Birthplace, *New Haven*
- Name of Medical Attendant, or other person who makes this Return, *J. A. Christopher M.D.*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01230

NAME CHANGED BY COURT ORDER 3-30-55  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WILLIAM ~~ABRAMOVITZ~~ HYMAN

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 29/93*
4. Place of Birth, (Street and Number) *1832 Penna Ave.*
5. Full Name of Mother, *Cecelia Abramovitz*
6. Mother's Maiden Name, *Ratz*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Bar Abramovitz*
9. Father's Occupation, *Gutts Furnishings*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *J. H. Christopher M.D.*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH

Baltimore, Md. and it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births and deaths, and shall set forth as far as the same can be ascertained, the date, time, place, sex, color, the full name and occupation of its parents, the date of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30/93

4. Place of Birth, (Street and Number) 416 Wilsons St.

5. Full Name of Mother, Elizabeth Berger

6. Mother's Maiden Name, Brymer

7. Mother's Birthplace, Sweden

8. Full Name of Father, Maximilian Berger

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

100-13

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH. **L01232**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a child is born, shall keep a true and correct register of such birth, and shall enter the same on his schedule, and shall deliver the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed by the Commission of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28/93

4. Place of Birth, (Street and Number) 1327 W. Carey St.

5. Full Name of Mother, Wibentha E. Stumber

6. Mother's Maiden Name, Carriek

7. Mother's Birthplace, Balti.

8. Full Name of Father, Harry W. Stumber

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Balti.

Name of Medical Attendant, or other person who makes this Return, J. H. Christopher M.D.

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

Extract Regulations of the Health Department to secure a full and correct return of a birth in the City of Baltimore.

SECTION 7.—And, be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17: 1893
4. Place of Birth, (Street and Number) 406 E. 20<sup>th</sup> St
5. Full Name of Mother, Bertha Murray Hopkins
6. Mother's Maiden Name, " Murray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Henry Hopkins
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, P. B. Williams
- Address, 1128 Cathedral St
- Remarks, \_\_\_\_\_

Record of Vital Statistics to the City of Baltimore

Baltimore under whose charge or superintendence, and obtained that every person practicing midwifery in the City of Baltimore shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank sheet of paper, which shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be entered thereon, and shall set forth as far as the same can be ascertained, the date, time, place, sex, color, the full name and occupation of its parents, the name and place of birth, and the name of the person who attended the birth, and the name of the person who reported the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person or persons in attendance upon the mother fail to report the birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A101234**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 24 '93

4. Place of Birth, (Street and Number) 2026 W. E. Calhoun St

5. Full Name of Mother, Mrs. Helen Oerus

6. Mother's Maiden Name, " Carter

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, John G. Oerus

9. Father's Occupation, Fred + Producer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, T. C. Worthington

Address, 840 W. Fayette St

Remarks, \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a line for the name of the child, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01235**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 27<sup>th</sup> 1893

4. Place of Birth, (Street and Number) 1416 N. Fayette St.

5. Full Name of Mother, Mati Van Gelder

6. Mother's Maiden Name, Heubrock

7. Mother's Birthplace, Holland

8. Full Name of Father, Isaac Van Gelder

9. Father's Occupation, Clothier

10. Father's Birthplace, Holland

Name of Medical Attendant, or other person who makes this Return, J. H. Schipper M.D.

Address, 1501 N. Tanager St.

Remarks, /

RETURN OF A BIRTH. AL01236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ..... male .....

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 12, 1893.

4. Place of Birth, (Street and Number) 1005' Watson St

5. Full Name of Mother, Annie Fine

6. *Mother's Maiden Name*, .....

7. Mother's Birthplace,..... *Gynozie* .....

8. Full Name of Father, Micke Frie

9. Father's Occupation.....merchant.....

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return: Mrs. C. Steiner

Address, ..... 122 S. Exeter St

Remarks, .....

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. <sup>GIVEN NAME ADDED 5-28-58</sup> L01237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank E. Siegel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 26, 1893.

4. Place of Birth, (Street and Number) 920 E. Pratt St

5. Full Name of Mother, Annie Siegel

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Meyer Siegel

9. Father's Occupation, Pedler

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecile Steiner

Address, 122 S. Exeter str

Remarks,



RECEIVED  
TO THE OFFICE OF REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH, BALTIMORE CITY

And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter be made, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred in the City of Baltimore, and shall be set forth as far as the same can be ascertained, the full name of the child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date, as well as the place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01238**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 17. 1893

4. Place of Birth, (Street and Number) 1404 E. Fayette St.

5. Full Name of Mother, Larry Robinson

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Robinson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. J. Steiner

Address, 122 S. Exeter St.

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01239  
 CERTIFICATE CORRECTED 3-36-55  
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.  
 NAME: MOLLIE LAZARO

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MOLLIE LAZERO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 9, 1893

4. Place of Birth, (Street and Number) 918 E. Pratt St.

5. Full Name of Mother, Lina Lazaro LAZARO

6. *Molher's Maiden Name.*

7. Mother's Birthplace, Sweden

8. Full Name of Father, Meyer Lazaro LAZARO

9. Father's Occupation..... Tailor

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. A. Steiner

Address, 122 S. Exeter str

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

R-1239 1/2

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 23, 1893

4. Place of Birth, (Street and Number) 129 Dallas Str

5. Full Name of Mother, Harry Mary Brown

6. Mother's Maiden Name, H

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charlie Brown

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. J. Steiner

Address, 122 S. Euter Str

Remarks, \_\_\_\_\_

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction, and shall be signed by him as the Commissioner of Health, and shall be filed in the office of the Registrar of Vital Statistics. The said schedule shall be delivered to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, and the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

Baltimore under whose charge or superintendence a birth shall be taken, shall keep a true and correct register of all births, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, the date of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each child delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, or she or he or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01240**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 31<sup>st</sup>, 1893

4. Place of Birth, (Street and Number) 26 Stafford St. Carroll Annex

5. Full Name of Mother, Ellen Priscilla Decker

6. Mother's Maiden Name, Ellen Priscilla Henrickle

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Decker Jr

9. Father's Occupation, Employer of Mt Olivet Cemetery

10. Father's Birthplace, Wittenburg Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Wicks

Address, Carroll Annex Baltimore

Remarks, \_\_\_\_\_

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of such birth, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such child, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

L01241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 28

4. Place of Birth, (Street and Number) 348 Rose St

5. Full Name of Mother, Delia A. Nelson

6. Mother's Maiden Name, Delia A. Stanox

7. Mother's Birthplace, Lurgasani

8. Full Name of Father, Robert D. Nelson

9. Father's Occupation, Farmer

10. Father's Birthplace, Lurgasani

Name of Medical Attendant, or other person who makes this Return, Aester C. Lancel

Address, 809 Preston St

Remarks,



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence the birth of a child has occurred, shall keep a true and correct register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health, and such schedule shall contain a list of the births which have occurred under his charge during the month in which they occur, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the sex, the color, the full name and occupation of its parents, the date and place of birth of the mother, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons of such child shall report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. <sup>A</sup> L01242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 29th July 1893

4. Place of Birth, (Street and Number) 1819 E Chase St

5. Full Name of Mother, Alice V Deal

6. Mother's Maiden Name, " Kirby

7. Mother's Birthplace, Balto

8. Full Name of Father, Edward Deal

9. Father's Occupation Machinist

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay St

Remarks, \_\_\_\_\_

GIVEN NAME ADDED 2-14-51

RETURN OF A BIRTH. **LO1243**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Allen Russell 9A  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) "  
3. Date of Birth, 31 July 1893  
4. Place of Birth, (Street and Number) 1916 N. Hisquith st  
5. Full Name of Mother, Mary H Russell  
6. Mother's Maiden Name, " " Mills  
7. Mother's Birthplace, Balto  
8. Full Name of Father, Chas Russell  
9. Father's Occupation, Carpenter  
10. Father's Birthplace, Balto  
Name of Medical Attendant, or other person who makes this Return, Mrs Julia Croome  
Address, 944 N Gay st  
Remarks, \_\_\_\_\_

Section 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the charge or superintendence of a birth shall hereafter take place, shall keep a true and correct register of such births and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

**L01244**

A.

3rd

Male

264 July 1893

1504 N Dallas st

Mary Murphy

McDonough

Balto

Thomas Murphy

Moulder

Balts

Mrs Julia Groome

944 N Gar

And be it further enacted and ordained that every person practicing medicine or vital statistics in the City of Baltimore.



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth is registered, shall keep a true and correct register of such birth, and shall enter the same on blank schedule to be provided by the Commissioner of Health, and shall retain the same as far as the same can be ascertained the full name of each child, (if any,) and the sex, color, date of birth, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **A**01245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22<sup>nd</sup> 1893
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Emma Sheppard
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, Del.
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other person who makes this Return, C. Sheer
- Address, 115 W. Lombard St.
- Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence any child is born shall hereafter take place on his schedule, to be furnished by the Commissioner of Health. This schedule shall be set forth as far as the same can be ascertained, the full name of each child, the date and place of birth, the sex, color, the full name and occupation of its mother, the name of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance without the mother, immediately thereafter, in the manner and within the period above required, such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **L01246**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29 '93

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Clara Harris

6. Mother's Maiden Name, —

7. Mother's Birthplace, Ida.

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. S. Meier

Address, 115 W. Lombard St.

Remarks, —

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *White*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 9<sup>th</sup> 1893*  
4. Place of Birth, (Street and Number) *1305 N. Stricker St*  
5. Full Name of Mother, *Minnie C. Purcell*  
6. Mother's Maiden Name, *Shuhan*  
7. Mother's Birthplace, *Baeto*  
8. Full Name of Father, *J. J. Purcell*  
9. Father's Occupation, *Carpenter*  
10. Father's Birthplace, *Baeto*  
Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_

Remarks, \_\_\_\_\_

J. Caldwell M. W.  
1138 N. Fuller St.  
Baltimore

ny Co., City Printers and Stationers.

**Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

**SECTION 7.**—And it is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such births and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of its birth, and the date and place of its death, and the third day of each and every month to the office of the Commissioner of Health; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons be in any such report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted, and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall enter the same in a book, to be furnished by the Commissioner of Health. This book shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained, the full name of each child, the date of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **L01248**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *Second*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)..... *Black*
3. Date of Birth,..... *July 26 1893*
4. Place of Birth, (Street and Number)..... *115 W. Lombard St.*
5. Full Name of Mother,..... *Mary Washington*
6. Mother's Maiden Name,..... *—*
7. Mother's Birthplace,..... *Pa.*
8. Full Name of Father,..... *—*
9. Father's Occupation,..... *—*
10. Father's Birthplace,..... *—*
- Name of Medical Attendant, or other person who makes this Return,..... *C. Sheer*
- Address,..... *115 W. Lombard St.*
- Remarks,.....

RETURN OF A BIRTH. L01249

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *Black*  
3. Date of Birth, *July 27, 1903*  
4. Place of Birth, (Street and Number) *1132 W. Lombard St.*  
5. Full Name of Mother, *Lillie Briggs*  
6. Mother's Maiden Name, *Md.*  
7. Mother's Birthplace, *—*  
8. Full Name of Father, *—*  
9. Father's Occupation, *—*  
10. Father's Birthplace, *—*  
Name of Medical Attendant, or other person who makes this Return, *C. S. Meier*  
Address, *1132 W. Lombard St.*  
Remarks, *—*

Wm. J. C. Dulany Co., City Printers and Stationers.



Record of Vital Statistics in the City of Baltimore.

Section 7.—And he it further enacted and ordered, that every person practicing midwifery in the City of Baltimore, under the charge or superintendence of the Board of Health, shall keep a book, and correct register of such births, and shall enter the same on blank forms, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have been conferred, its sex, color, the date, the name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no person be in attendance upon the mother, immediately thereafter, the mother or person attending her, shall report the birth of such child to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01250**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16 1893
4. Place of Birth, (Street and Number) 1152 Lombard St.
5. Full Name of Mother, Maria Freeman
6. Mother's Maiden Name, Penn
7. Mother's Birthplace, Penn.
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other person who makes this Return, R. Keer
- Address, 1152 Lombard St.
- Remarks, \_\_\_\_\_



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be and correct the birth, and shall enter the same on the schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which shall have occurred under his or her care during the month, and shall be as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every birth shall be duly signed by the practitioner in the form of a certificate, and the said certificate shall be delivered to the office of the Commissioner of Health, in the case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the period of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **A. 101251**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 19 8 An. July

4. Place of Birth, (Street and Number) 10 21 East Av.

5. Full Name of Mother, Anna Sebale

6. Mother's Maiden Name, Bornhorn

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Sebale

9. Father's Occupation,

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 728 V East Av.

Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the charge or superintendence of the Registrar of Births, shall hereafter take place, shall keep a correct and complete register of such births, and shall enter the same on blank forms, to be furnished by the Commissioner of Health, and shall set forth as follows: the name and occupation of the parents, the date and place of birth; and the date of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 4 July

4. Place of Birth, (Street and Number) 1213 South St

5. Full Name of Mother, Marie Schwindel

6. Mother's Maiden Name, Schmitt

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schwindel

9. Father's Occupation

10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Calver

Remarks,

GIVEN NAME ADDED 5-23-49

# RETURN OF A BIRTH. L01253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie E. Bull

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, July 27 1893
  4. Place of Birth, (Street and Number) 2840 Cedar avenue B. City, Md
  5. Full Name of Mother, Charlotte Bull
  6. Mother's Maiden Name, Chalk
  7. Mother's Birthplace, Balt. City Md
  8. Full Name of Father, Albert Bull
  9. Father's Occupation, Rail Roader
  10. Father's Birthplace, Balt. County Md
- Name of Medical Attendant, or other person who makes this Return, Mary a Martin
- Address, 2804 Cedar avenue, B. City
- Remarks,

**Record of Vital Statistics in the City of Baltimore.**

**SECTION 5.**—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a child is born, shall keep a true and correct register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health, and shall forward as far as the same can be ascertained the full name of each child, the date and place of its birth, the full name and occupation of its parents, the date and place of its birth, and the date and place of its delivery, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance upon the mother, immediately the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the father, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. <sup>11-22-55</sup> <sup>L01254</sup> <sup>A</sup>

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Katie 2nd  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *July 28-1893*  
4. Place of Birth, (Street and Number) *377 S. Fulton Ave*  
5. Full Name of Mother, *Mrs Mary Hoffman Brewster*  
6. Mother's Maiden Name, *" "*  
7. Mother's Birthplace, *Boston*  
8. Full Name of Father, *John B. Brewster*  
9. Father's Occupation, *R. R.*  
10. Father's Birthplace, *Boston*  
Name of Medical Attendant, or other person who makes this Return, *D. S. Welch*  
Address, *Union Square*  
Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a book or schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

A. L01255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12, 1917
4. Place of Birth, (Street and Number) White St.
5. Full Name of Mother, Mrs. Annie Kraft Smith
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, David B. Smith
9. Father's Occupation, Wick Business
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, E. B. Ulrich
- Address, Union Square
- Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the said schedule can be ascertained the full name of each child, if any, shall be born, the date and place of birth, and the sex, color, the full name of the mother, the date and place of birth, and the occupation of the mother, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **L01256**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5

4. Place of Birth, (Street and Number) 1837 Ramsay St

5. Full Name of Mother, Mrs Mary Anne M. C. Carr

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, John M. C. Carr

9. Father's Occupation, Book Binder

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, G. B. Mumich

Address, Union Square

Remarks, \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore.  
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or superintendence a birth shall hereafter take place shall keep a correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the name of the child, the date and place of birth, the sex, color, the full name and occupation of the mother, the name of the father, the name of the physician or practitioner of midwifery, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01257**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, July 28

4. Place of Birth, (Street and Number) 1686 Presbury St.

5. Full Name of Mother, Annie Bailey

6. Mother's Maiden Name, Annie Wakeland

7. Mother's Birthplace, Hampford Co.

8. Full Name of Father, George E. Bailey

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, W. J. Kasten

Address, Box No. 2 Robert St.

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. A L01258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William James Helso, First Child

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, July 25<sup>th</sup> 1893  
4. Place of Birth, (Street and Number) Balto City #1005-Clifton Place  
5. Full Name of Mother, Emma Mary Kelso  
6. Mother's Maiden Name, " " Hartman  
7. Mother's Birthplace, Balto City Md  
8. Full Name of Father, William James Kelso  
9. Father's Occupation, Journeyman Horse Shoer  
10. Father's Birthplace, Balto City Md  
Name of Medical Attendant, or other person who makes this Return, Mrs. Woodson  
Address, # 883 Green Mount Ave  
Remarks, CHICKEN POX K-19 511

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible]

GIVEN NAME ADDED. 9-11-56  
RETURN OF A BIRTH. A L01259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9/16.

1. Sex, (state whether male or female)

Gemali

2. *Race or Color, (if not of the white race)*

White

3. *Date of Birth.*

July 24th. 1893

4. *Place of Birth, (Street and Number)*

829 Hazford Ave

5. *Full Name of Mother,*

Mary Kelley

6. *Mother's Maiden Name,*

Many Thanks

7. *Mother's Birthplace,*

Balt. Md.

8. *Full Name of Father,*

John Kelly

9. *Father's Occupation.*

Lablone

10. *Father's Birthplace,*

Ireland.

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Werner Brintow m.s.

Address,

S. W. Cor. Leaburn & Preston St.

Remarks,

GIVEN NAME ADDED. 9-11-56  
RETURN OF A BIRTH. A. L01259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Mary Ann Kelly*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 9th.

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... July 24th. 1893

4. Place of Birth, (Street and Number)..... 829 Gayford Ave.

5. Full Name of Mother,..... Mary Kelly

6. Mother's Maiden Name,..... Mary Henry

7. Mother's Birthplace,..... Balt. Md.

8. Full Name of Father,..... John Kelly

9. Father's Occupation,..... Laborer

10. Father's Birthplace,..... Ireland.

Name of Medical Attendant, or other person who makes this Return,..... Wilmer Britton, M.D.

Address,..... S. W. Cor. Calvert & Preston Sts.

Remarks,.....

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth: and the date of each birth, and shall be signed by the practitioner of midwifery, or should in other cases, by the person or persons attending upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child  
1. Sex, (state whether male or female) Boy  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, July 31st 1893  
4. Place of Birth, (Street and Number) 1324 Homewood Ave.  
5. Full Name of Mother, Annia E. Dehoff  
6. Mother's Maiden Name, Annia E. Schaeffer  
7. Mother's Birthplace, York Co. Pa.  
8. Full Name of Father, William H. Dehoff  
9. Father's Occupation, Engineer A. C. R. R.  
10. Father's Birthplace, York Co. Pa.  
Name of Medical Attendant, or other person who makes this Return, William Brinton, M.D.  
Address, S. W. Cor. Calvert & Princeton Sts.  
Remarks,

SECTION 1. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed by the Board of Health, shall keep a true and correct record of all births occurring in the City, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, at any shall have been conferred, its sex, color, the date and place of birth, the date and place of delivery, the name of the physician or practitioner of midwifery, or should no other person be in attendance at the birth, the name of the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. **101261**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th. 1893
4. Place of Birth, (Street and Number) 1512 Register St. (McDonough)
5. Full Name of Mother, Elizabeth Schaeffer
6. Mother's Maiden Name, Elizabeth Leary
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank Schaeffer
9. Father's Occupation, Engineer
10. Father's Birthplace, Philadelphia Pa
- Name of Medical Attendant, or other person who makes this Return, Wilmer Bruntow, M.D
- Address, S. W. Cor. Calvert & Preston St
- Remarks,



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be submitted to the Commissioner of Health at the end of each month, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *27 July 1893*  
4. Place of Birth, (Street and Number) *1121 Saratoga St*  
5. Full Name of Mother, *Debra Lee*  
6. Mother's Maiden Name, *Jones*  
7. Mother's Birthplace, *Eastern Shore, Md*  
8. Full Name of Father, *George M. Lee*  
9. Father's Occupation, *Truck driver*  
10. Father's Birthplace, *West River, Md*  
Name of Medical Attendant, or other person who makes this Return, *Mary E. Jones*  
Address, *1121 Saratoga St*  
Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons of such child to be registered, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH A101263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 13 1893

4. Place of Birth, (Street and Number) No. 2 Cedar

5. Full Name of Mother, Annie McInnes

6. Mother's Maiden Name, Riley

7. Mother's Birthplace, England

8. Full Name of Father, James McInnes

9. Father's Occupation, Watchesman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. H. Truett

Address, 200 N. E. St.

Remarks, \_\_\_\_\_

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter occur, shall be bound to register or cause to be registered, within the month following the birth, the name of the child, the date and place of birth, the sex, color, and whether the child was born alive or dead, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **AL01264**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

First  
Male  
White  
June 27, 1893  
609 Stirling  
Catherine Smith  
Virginia  
Baltimore  
Geo. H. Smith  
Fruit & Vegetable Dealer  
Baltimore  
J. H. Grounck

Extract from the Record of Vital Statistics in the City of Baltimore  
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be furnished by the midwife or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the sex, color, race, and occupation of its parents, the date and place of birth; and the name of the child. The said schedule shall be duly signed by the practitioner in the form of a certificate between the first and third day of every month to the office of the Commissioner of Health. In case the birth of any child has been conferred upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH, L01265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, June 23/89

4. Place of Birth, (Street and Number) 1416 Patterson Ave

5. Full Name of Mother, Gertrude A. Busley

6. Mother's Maiden Name, Keen

7. Mother's Birthplace, Hanford Co. Md

8. Full Name of Father, William E. Busley

9. Father's Occupation, Salesman

10. Father's Birthplace, Balt. Co. Md

Name of Medical Attendant, or other person who makes this Return, Edmund J. McDowell

Address, 208 August St

Remarks, \_\_\_\_\_

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall cause the same to be entered in a book to be furnished by the Commissioner of Health, and this book shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its date of birth, its race or color, its sex, color, the full name and occupation of its parents, the date of its birth, the place of birth, and the date of its registration. And it is further enacted and ordained that the Commissioner of Health shall cause the duty of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, June 12 / 1893

4. Place of Birth, (Street and Number) 707 N. Howard st.

5. Full Name of Mother, Ellen Muller

6. Mother's Maiden Name, Martin

7. Mother's Birthplace, Balto

8. Full Name of Father, John B. Muller

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Edmund M. Drew

Address, 218 August

Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge a birth shall hereafter take place, shall keep a true and correct register of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, of birth, and the date of birth, the date of delivery, the date of confinement, the date of the first day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

## RETURN OF A BIRTH. L01267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 17/93

4. Place of Birth, (Street and Number) 215 N. Gay St.

5. Full Name of Mother, Rebecca Cohen

6. Mother's Maiden Name, Haas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles L. Cohen

9. Father's Occupation, Shoe Merchant

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Edmund M. Driscoll

Address, 218 Avenue M.

Remarks,



RETURN OF A BIRTH L01268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Latino

3. Date of Birth, June 17<sup>th</sup> 1893

4. Place of Birth, (Street and Number) 1000 E. 12th St.

5. Full Name of Mother, Mathew E. Evans

6. Mother's Maiden Name, French

7 Mother's Birthplace..... Beullo

8 Full Name of Father, Charles F. Evans.

9 Father's Occupation, Iron dealer

10. Father's Birthplace, Berlin Mass.

Name of Medical Attendant, or other person who makes this Return. *Ernest M. Davis*

Address *208 Augsburg St.*

*Remarks* \_\_\_\_\_

REMARKS, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wm J C. Dulany Co., City Printers and Stationers.

Section 7. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births within the full name of each child, if any shall have been conferred upon such child, the name and occupation of its parents, the date and place of birth; and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01269  
GIVEN NAME ADDED 6/19/61  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Francis Peter McShane  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18th  
1. Sex, (state whether male or female) male  
2. Race or Color, (if not of the white race)  
3. Date of Birth, June 28/1933  
4. Place of Birth, (Street and Number) 723 E. Chase St.  
5. Full Name of Mother, Mary J. McShane  
6. Mother's Maiden Name, "Affayson  
7. Mother's Birthplace, Balt  
8. Full Name of Father, John F. McShane  
9. Father's Occupation, Brassfunder  
10. Father's Birthplace, Balt  
Name of Medical Attendant, or other person who makes this Return, Edward P. McShane  
Address, 208 W. 11th St.  
Remarks,

of vital statistics in the City of Baltimore.

L01270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

SECTION 7.—And he it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct record of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any child who has been conferred its sex, color, the full name and occupation of its parents, the date of its birth, and the day of its delivery, and shall be delivered to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the examination of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Birth Statistics in the City of Baltimore

# RETURN OF A BIRTH. L01271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 1923
4. Place of Birth, (Street and Number) 301 Bond St
5. Full Name of Mother, Kate Smith
6. Mother's Maiden Name, Kate M. Blocklin
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Clark
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, C. J. Brooks
- Address, 1522 Light St
- Remarks, Doing Well

RETURN OF A BIRTH. **A01272**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*.....

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

*Address,*

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.



Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, its date of birth, its color, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH A101273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, June 23-

4. Place of Birth, (Street and Number) 113 W. Lombard St.

5. Full Name of Mother, Lottie Calaman

6. Mother's Maiden Name, —

7. Mother's Birthplace, Pa.

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Chas. J. Hill

Address, 113 W. Lombard St.

Remarks, —

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth. (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

### 9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, 1243 E. Commercial St.

Remarks, ... All Well.

Wm. J. C. Dulany Co., City Printers and Stationers

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births, stating the full name of each child, till any shall have been conferred, shall be delivered, and the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th 1893

4. Place of Birth, (Street and Number) 114 N. Chapel St

5. Full Name of Mother, Katie Blaha

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, Gearman

8. Full Name of Father, Mary Blaha

9. Father's Occupation, Carpenter

10. Father's Birthplace, Gearman

Name of Medical Attendant, or other person who makes this Return, Mary 13 of Jr

Address, 205 N Washington St

Remarks, \_\_\_\_\_

L01276

A

4

- or other person who makes this Return, Mary Koptis  
605 N Washington St,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

Section 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth has occurred shall keep a true and correct register of such birth, and shall enter the same in the blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or practitioner of health, on the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of health, and the duty of the person or persons of such attendance upon the mother, immediately thereafter, shall be to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01277**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....*3.*

1. Sex, (state whether male or female).....*Female*

2. Race or Color, (if not of the white race).....*White*

3. Date of Birth,.....*June 11/893*

4. Place of Birth, (Street and Number).....*1918 Wolfe St.*

5. Full Name of Mother,.....*W. Evans*

6. Mother's Maiden Name,.....*W. C. Hasty*

7. Mother's Birthplace,.....*Balt.*

8. Full Name of Father,.....*S. W. Hasty*

9. Father's Occupation,.....*Laborer*

10. Father's Birthplace,.....*Balt.*

Name of Medical Attendant, or other person who makes this Return,.....*J. A. Burt*

Address,.....*1245 E. Monument St.*

Remarks,.....*All Well*



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the birth, and shall enter the same on a blank schedule provided for the purpose by the Commissioner of Health. This schedule shall contain, in addition to the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the duty of the person attending the birth shall be to report the birth to the Commissioner of Health, in the manner and within the time provided for in the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

101278  
RETURN OF A BIRTH  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) colored

3. Date of Birth, June 30th

4. Place of Birth, (Street and Number) Biddle st 417

5. Full Name of Mother, Lilly V. Matthews

6. Mother's Maiden Name, Lilly C. Johnson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William L. Johnson

9. Father's Occupation, Walter

10. Father's Birthplace, Princeland county N.C.

Name of Medical Attendant, or other person who makes this Return, James C. Davis

Address, 540 Biddle st

Remarks, \_\_\_\_\_

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be and he is hereby required to file with the Registrar of Vital Statistics, Board of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, and shall occur without the attendance of any other person, and shall be immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

L01279

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Two

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colord

3. Date of Birth,

June 26<sup>th</sup>

4. Place of Birth, (Street and Number)

925 Bruce St

5. Full Name of Mother,

Jessie Jones

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Dr. C. H. James

Address,

622 W. Lombard St

Remarks,

SECTION 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the name of the mother, the date and place of birth, and the sex, color, the full name and occupation of the father, the name of the practitioner, the date and place of birth, and the day of the month when the child was born, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **L01280**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th June 1873

4. Place of Birth, (Street and Number) 232 Pine St

5. Full Name of Mother, Emma Cohen

6. Mother's Maiden Name, Wine

7. Mother's Birthplace, Germany

8. Full Name of Father, Salomon Cohen

9. Father's Occupation, fire-keeper

10. Father's Birthplace, Romania

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.  
Section 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.  
And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.  
And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *White*

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 24th 1893. Morning 3 P.M.*
4. Place of Birth, (Street and Number) *1506 Cedar St. S. E.*
5. Full Name of Mother, *Maria Eisinger*
6. Mother's Maiden Name, *Maria*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Wentz Summerant*
9. Father's Occupation, *Bull. Agent*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Dr. Maria Elias*

Address, *1242 Mc Cleary St. Baltimore*

Remarks, *Vienna Practical Midwife*

*1468*

Record of Vital Statistics in the City of Baltimore.  
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on the form of birth certificate provided for that purpose by the Board of Health. This certificate shall contain a list of all births which have occurred under his or her care during the month, and shall set forth as in and to the satisfaction of the Board of Health, the date and place of birth, and the sex, name and occupation of the parents, the date and place of birth, and the name of the child, and shall be signed by the practitioner in the form of a certificate between the first and third day of each month, and shall be delivered to the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01282**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Jan 22 Baltimore City

4. Place of Birth, (Street and Number) Baltimore City

5. Full Name of Mother, Jennie Watts

6. Mother's Maiden Name, Jennie Brown

7. Mother's Birthplace, Calvert County

8. Full Name of Father, George Watts

9. Father's Occupation, General labor

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Eliza E. Weeks

Address, 10 Arrol St. Ave

Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the registration and license of the Board of Health, shall keep a true and correct record of all births occurring in the City of Baltimore, and shall file the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons of such attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such attendance to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **A. L01283**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) 27 yrs.
3. Date of Birth, 27 June 1891
4. Place of Birth, (Street and Number) Walt 1245.
5. Full Name of Mother, Maggie Adamczyk
6. Mother's Maiden Name, Janofsky
7. Mother's Birthplace, Germany
8. Full Name of Father, George Adamczyk
9. Father's Occupation, Labrer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. P. Lierseman
- Address, 1225 Hare street.
- Remarks, \_\_\_\_\_



Section 7. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge a birth shall occur, shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third of each month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the name and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH <sup>A</sup>L01284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) <sup>6</sup>
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 22 1893*
4. Place of Birth, (Street and Number) *39 E. Eden St.*
5. Full Name of Mother, *Maggi Eliot*
6. Mother's Maiden Name, *Waltz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Cooper Eliot*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Mary Stein*
- Address, *1427 E Pratt St.*
- Remarks, \_\_\_\_\_

**L01285**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) *the*

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 20<sup>th</sup>

4. *Place of Birth, (Street and Number)* 824 Lytle St

5. Full Name of Mother, Annie H. Crosby

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

or other person who  
makes this Return,

Dr. W. B. Stone

Address, 622 W. Lombard St.

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

**SECTION 7.**—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall retain at least until the expiration of one year after the date of the birth, a copy of the said schedule, containing a list of the births which have occurred under his or her care during the month, and shall deliver forthwith to the Commissioner of Health, the name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date of its birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, on or before the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur upon the attendance of a physician, on or before the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH, L01286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

(Twins) Two Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 24th

4. Place of Birth, (Street and Number)

622 W. Lombard

5. Full Name of Mother,

Lavinia Blake

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Dr. O. B. Stone

Address,

622 W. Lombard St.

Remarks,

RETURN OF A BIRTH. L01287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13<sup>th</sup> June 1873

4. Place of Birth, (Street and Number) 208 S. Cedar St. 86

5. Full Name of Mother, John, Florio

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Russia

8. Full Name of Father, Harris Thayer

9. Father's Occupation.....*Painter*

10. *Father's Birthplace,* ----- *Russia* -----

Name of Medical Attendant, or other person who makes this Return, E. J. Sherman

Address, 42 Albemarle St.

Remarks, .....

**External Registrations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

Sections 7-10.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births, which shall include the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained, the date and place of birth; and the date and place of death, if such child shall die, and the date and place of burial, if such child shall be buried, and the date of such and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, under the supervision of the Board of Health, shall keep a true and correct record of all births occurring in the City, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the supervision of the midwife, and shall set forth as far as the same can be ascertained, the full name, date, time, day, month, and place of birth; and the sex, color, and occupation of the mother, and the name and occupation of the midwife, and the date of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. A. 101288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 June 1883

4. Place of Birth, (Street and Number) 1141 1/2 E. E. St.

5. Full Name of Mother, Blair Warrington

6. Mother's Maiden Name, Katz

7. Mother's Birthplace, Austria

8. Full Name of Father, Jacob Warrington

9. Father's Occupation, Tailor

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 72 Calverly St.

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. AL01289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father.*

### 9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers



Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name of the child, the date and place of birth, the sex, color, and month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 101290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, June 9 1893
4. Place of Birth, (Street and Number) 322 S. Eden St.
5. Full Name of Mother, Katharine Stephen
6. Mother's Maiden Name, Geier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Stephen
9. Father's Occupation, Carr - Conductor
10. Father's Birthplace, Pennelpharian
- Name of Medical Attendant, or other person who makes this Return, Mary Stein
- Address, 1427 E Pratt St.
- Remarks, \_\_\_\_\_

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the full name and occupation of its parents, the date and place of birth, and the sex, color, and race of the child, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and to the effect hereinafter provided, to cause a full and correct record of such birth to be made on a blank schedule, and to file the same with the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 6th
1. Sex, (state whether male or female)..... female
2. Race or Color, (if not of the white race)..... white
3. Date of Birth,..... 7. June
4. Place of Birth, (Street and Number)..... 120 E. Monument St.
5. Full Name of Mother,..... Kate Winick
6. Mother's Maiden Name,..... Kate Winick
7. Mother's Birthplace,..... Germany
8. Full Name of Father,..... Gustaf Winick
9. Father's Occupation,..... Carpenter
10. Father's Birthplace,..... Germany
- Name of Medical Attendant, or other person who makes this Return,..... Mrs. D. Gentz
- Address,..... 206 N. High St.
- Remarks, .....

GIVEN NAME ADDED 1-15-52

## RETURN OF A BIRTH. L01292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Rose Wolbarsht*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *7 June 1893*
  4. Place of Birth, (Street and Number) *165 W. Pratt St.*
  5. Full Name of Mother, *Dora Wolbarsht*
  6. Mother's Maiden Name, *Kronberg*
  7. Mother's Birthplace, *Russia*
  8. Full Name of Father, *Simon Wolbarsht*
  9. Father's Occupation, *Shoe Repair*
  10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *E. L. ...*
- Address, *22 ...*
- Remarks, *-*

Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as follows: the name of the child, the date and place of birth, and the sex of the child, and shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the supervision and control of the Board of Health, shall keep a true and correct record of all births occurring in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under each child, if any, shall have been conferred its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered, with the full name of the practitioner in the form of a certificate between the first and third day of the month following the birth, to the office of the Commissioner of Health. In case the birth of any child is attended upon by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd June 1893

4. Place of Birth, (Street and Number) 805 E. Fayette St.

5. Full Name of Mother, Dora Altes

6. Mother's Maiden Name, Eld

7. Mother's Birthplace, Russia

8. Full Name of Father, David Altes

9. Father's Occupation, Shoe-maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Allen Ave. St.

Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

SECTION 7. - And he it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or control a birth shall hereafter take place, shall keep a true and correct register of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the child, its sex, color, its date of birth, its month, and shall set forth as far as the same can be ascertained, the name of the father, the date and place of birth, and the name of the mother, the date and place of birth, and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month, and shall sign the same, and shall deliver the same to the Commissioner of Health, in the manner and within the period aforesaid required, and shall cause the same to be filed in the office of the Commissioner of Health, and shall be subject to the inspection of the Commissioner of Health, and shall be subject to the penalty of a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. A101294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1893
4. Place of Birth, (Street and Number) 621 Eager St.
5. Full Name of Mother, Lena Schmitz
6. Mother's Maiden Name, Glass
7. Mother's Birthplace, Russia
8. Full Name of Father, David Schmitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, .....
- Address, .....
- Remarks, .....

Section 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or influence a birth shall hereafter take place, shall keep a true and correct register of all births occurring in the City of Baltimore, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the child, the date and place of birth, and the sex, color, the full name and occupation of the mother, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance at the birth, the name of the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. <sup>over</sup> AL01295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child *William Gumpson*  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *June 30<sup>th</sup>*  
 4. Place of Birth, (Street and Number) *35 E. Hamburg St*  
 5. Full Name of Mother, *Lizzie Gumpson*  
 6. Mother's Maiden Name, *Lizzie Armstrong*  
 7. Mother's Birthplace, *Bermain*  
 8. Full Name of Father, *George Gumpson*  
 9. Father's Occupation, *Painter*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other person who makes this Return, *Katie Hirsch*  
 Address, *500 Leadenhall St*  
 Remarks, \_\_\_\_\_



[illegible]

LO1296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female).....  
2. Race or Color, (if not of the white race).....  
3. Date of Birth, June 29/93 # 916 S. Charles St.  
4. Place of Birth, (Street and Number).....  
5. Full Name of Mother, Elizabeth Hagerich  
6. Mother's Maiden Name, " " " Walter  
7. Mother's Birthplace, ~~Prussia~~ Alder  
8. Full Name of Father, John Albert Hagerich  
9. Father's Occupation, Piano maker  
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Reuben C. Harrison

Address, 800 Macdonnell St

Remarks, .....

SECTION 5.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of the parents, the date and place of birth, and the date of delivery, and shall be signed by the practitioner or practitioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or practitioner of Health, the person or persons of such child to report its birth to the Commissioner of Health, and shall, hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH L01298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *German (Apr. orig)*

3. Date of Birth, *June 29, 1893*

4. Place of Birth, (Street and Number) *823. Williams Alley*

5. Full Name of Mother, *Mary Longfoot Pinney*

6. Mother's Maiden Name, *Mary Longfoot*

7. Mother's Birthplace, *Townsend County, Md.*

8. Full Name of Father, *Allick Pinney*

9. Father's Occupation, *Brickmaker*

10. Father's Birthplace, *Baltimore City, Md.*

Name of Medical Attendant, or other person who makes this Return, *A. F. Volkman, M. D.*

Address, *No. 620. S. Euter St.*

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be licensed by the Board of Health, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nearest neighbor or other person to report its birth to the Commissioner of Health, who shall be empowered to require the name of the child and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Wednesday 28<sup>th</sup> of June*

4. Place of Birth, (Street and Number) *419 Lewis St*

5. Full Name of Mother, *Florence Elizabeth Brown*

6. Mother's Maiden Name, *Florence Elizabeth Webb*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank S. Brown*

9. Father's Occupation, *Laboring work*

10. Father's Birthplace, *Washington*

Name of Medical Attendant, or other person who makes this Return, *Baroline Patterson*

Address, *401 Lewis St*

Remarks, *Doing well*

Record of Vital Statistics in the City of Baltimore.  
Section 7.—And to it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the midwife, and shall be returned to the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name and occupation of the mother, the date and place of birth, the sex, color, the full name and occupation of the parents, the date and place of birth of the child, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-5-56  
RETURN OF A BIRTH, L01300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marguerite Susan Matthews  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
1. Sex, (state whether male or female) female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, June 29, 1893  
4. Place of Birth, (Street and Number) 2839 Ceder avenue  
5. Full Name of Mother, anna star Matthews  
6. Mother's Maiden Name, Sanford  
7. Mother's Birthplace, Balt. City Md  
8. Full Name of Father, William Star Matthews  
9. Father's Occupation, Cardrivers  
10. Father's Birthplace, Balt. City Mo  
Name of Medical Attendant, or other person who makes this Return, Mary a Martin  
Address, 2804 Ceder Avenue  
Remarks,

Section 22—All persons practicing midwifery in the City of Baltimore, who are not duly licensed by the Board of Health, shall be deemed to be practicing the same without license, and shall be liable to the same penalties as are provided for in the Act relating to the practice of midwifery without license. The Board of Health may, at its discretion, suspend or revoke the license of any person practicing midwifery who is found to be incompetent or who has been convicted of a crime involving moral turpitude. The Board of Health may also, at its discretion, suspend or revoke the license of any person practicing midwifery who has been convicted of a crime involving moral turpitude. The Board of Health may also, at its discretion, suspend or revoke the license of any person practicing midwifery who has been convicted of a crime involving moral turpitude.

RETURN OF A BIRTH <sup>A</sup>. L01301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1.

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 28<sup>th</sup> of June 93

4. Place of Birth, (Street and Number)..... 49<sup>th</sup> Bretons Lane

5. Full Name of Mother,..... Katharina Klugehil

6. Mother's Maiden Name,..... Katharina Weiss

7. Mother's Birthplace,..... Balto.

8. Full Name of Father,..... Friederick Klugehil

9. Father's Occupation..... Deutscher

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... Friederike Keuler Midwife

Address,..... 2116 West Pratt St

Remarks, .....



L01302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) -

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)-*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

*Address,*

Remarks.

**Record of Vital Statistics in the City of Baltimore.**

**SECTIONS 7—**And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall herein take place, shall keep a Commissioner of Health, and shall keep a blank schedule, and shall enter the same on blank schedule, and shall keep a Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible, and ascertained the full name of each child, if any shall have been conferred, its sex, date of birth, full name and occupation of its parents, the date and place of birth, and the said schedule shall be duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons being summoned to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 5. - And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter occur shall keep a true and correct register of such birth, and shall enter the same in a book to be provided for that purpose by the Commissioner of Health. This schedule shall contain a list of the names of the persons who have occurred under his or her care during the month, and shall set forth as follows: the full name of each child, if any shall be born, the date and place of birth, the sex of the child, the name of the mother, the name of the father, the name of the physician or practitioner in the form of a certificate signed by the Commissioner of Health, in the month and within the period above required, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. A101303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether ~~male~~ or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth, June 27<sup>th</sup> 1893.

4. Place of Birth, (Street and Number) 251 N. Broadway, St.

5. Full Name of Mother, Maggie L. Taylor

6. Mother's Maiden Name, Baltimore Md.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles L. Taylor

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, L. A. H. H. H.

Address, 251 N. Broadway, St.

Remarks, .....

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on this schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have been conferred, and shall be set forth as far as the same can be ascertained the full name of the child, its sex, color, the date of birth, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately after the birth, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH. L01304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24<sup>th</sup> of June, 93

4. Place of Birth, (Street and Number) 2123 Christian St.

5. Full Name of Mother, Sophia Alenanski

6. Mother's Maiden Name, Sophia Madanik

7. Mother's Birthplace, Pole

8. Full Name of Father, Shaffer Alenanski

9. Father's Occupation, Painter

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W. Pratt St.

Remarks,

Record of Vital Statistics in the City of Baltimore  
Stationer. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct register of such births, and shall submit the same to the Registrar of the Board of Health. This schedule shall contain a list of the births which shall be entered in the register during the month, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the name of the midwife, and the name of the person or persons of such child to report its birth to the Registrar of the Board of Health, and shall be submitted to the Registrar of the Board of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. A01305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 of June 1893

4. Place of Birth, (Street and Number) No 908 Kensington St

5. Full Name of Mother, Elly Boemmel

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Arthur Boemmel

9. Father's Occupation, Typewriter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr L. J. Jones

Address, 147 E. Lexington St

Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, in the form of a certificate, and shall forward the same to the Commissioner of Health, in the form of a certificate, within the month and shall set forth as far as the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

L01306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the midwife, and shall set forth as far as the same can be ascertained, the name of the mother, the name of the child, its sex, color, the full name and occupation of its father, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *June 24*
4. Place of Birth, (Street and Number) *West Street No 24*
5. Full Name of Mother, *Ellen Dussel*
6. Mother's Maiden Name, *Ellen Haring*
7. Mother's Birthplace, *Wales Ireland*
8. Full Name of Father, *Lloyd Dugrey*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Mariondel County*
- Name of Medical Attendant, or other person who makes the Return, *Samuel S. Hill*
- Address, *West No 115 West Street*
- Remarks, *full 9 month*



Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall be and he is hereby required to file with the Commissioner of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same and occupation of the mother and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, at the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH L01308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *twins male and female both*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *June 23 1898*

4. Place of Birth, (Street and Number) *217 Canal St*

5. Full Name of Mother, \_\_\_\_\_

6. Mother's Maiden Name, *Georganna Harris*

7. Mother's Birthplace, *Harper ferry W Va*

8. Full Name of Father, *John Weston*

9. Father's Occupation, *laberman*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Luz Cornish*

Address, *255 Canal St*

Remarks, \_\_\_\_\_

Section 7. And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be and is hereby required to register such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall file the same with the Commissioner of Health, within the month, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, in case the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

L01309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23<sup>rd</sup> June 1893
4. Place of Birth, (Street and Number) Leadbald St. No. 127
5. Full Name of Mother, Liese Banoh
6. Mother's Maiden Name, Braiding
7. Mother's Birthplace, Germania
8. Full Name of Father, August Banoh
9. Father's Occupation, Wool Merchant
10. Father's Birthplace, Germania
- Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_
- Address, Franklin Schwegel Tail & Dry No. 434
- Remarks, \_\_\_\_\_

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7. - And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall retain the same until the birth has been reported to the Commissioner of Health, and shall deliver the same to the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

## RETURN OF A BIRTH. **L01311**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Martha Cornish*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *22 of June*
4. Place of Birth, (Street and Number) *1416 Calvert St*
5. Full Name of Mother, *Martha H. Cornish*
6. Mother's Maiden Name, *Martha Lindenburger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James James Cornish*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Easton, Shore.*
- Name of Medical Attendant, or other person who makes this Return, *Wesley Mills*
- Address, *1313 Calvert St*
- Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. 101312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4<sup>th</sup> 2<sup>d</sup> 1<sup>st</sup> 3<sup>d</sup>

1. Sex, (state whether male or female) female Male

2. Race or Color, (if not of the white race)-----White

3. Date of Birth, ..... 21<sup>st</sup> of June 1931

4. Place of Birth, (Street and Number)..... 2124 Christian St

5. Full Name of Mother, ..... Anna Benken

6. Mother's Maiden Name,-----Erna Löb

7. *Mother's Birthplace,* ----- *So So*

8. Full Name of Father, ..... Max Berkov

9. Father's Occupation..... *Cigar maker*

10. *Father's Birthplace,* ----- *Pa.*

Name of Medical Attendant, or other person who makes this Return, Friederike Kautler Midwife

Address, 2116 1st St. N. P. 17

Remarks, .....

**Record of Vital Statistics in the City of Baltimore.**

**SECTION 7.**—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to register such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month and shall set forth the name of the mother, the name of the child, the date of birth, the sex of the child, and the place of birth, and the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name of the practitioner in the form prescribed by the first and said schedule shall be delivered duly signed by the practitioner to the Commissioner of Health, and the third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, in the Office of the Board of Health, of the City of Baltimore, within ten days after the birth of the child, and shall retain the same for a period of one year after the birth of the child. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate in the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to secure a full and correct record of vital statistics in the City of Baltimore.

## RETURN OF A BIRTH L01313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 20 - 18 - 93

4. Place of Birth, (Street and Number) Gilman St No 4-15

5. Full Name of Mother, Lattie T. Gimmanell

6. Mother's Maiden Name, Lattie T. Echo

7. Mother's Birthplace, Baltimore C. O. M. D.

8. Full Name of Father, Robert Kirby Gimmanell

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelly

Address, No 19-22 Wilkins Ave

Remarks, \_\_\_\_\_



RETURN OF A BIRTH. AL01314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20, 1893

4. Place of Birth, (Street and Number) Baltimore, 2309 St. St.

5. Full Name of Mother, Sophia Monte Gaudin

6. Mother's Maiden Name, Catherine Monte Gaudin

7. Mother's Birthplace, Reisterstown, Md.

8. Full Name of Father, William Franklin Gaudin

9. Father's Occupation, Laborer

10. Father's Birthplace, Reisterstown, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Shackney

Address, 231 Cumberland St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

Record of Vital Statistics in the City of Baltimore

**L01315**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Name of Medical Attendant,* or other person who makes this Return.

\* That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.\*

# RETURN OF A BIRTH L01316

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third & full.*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 20th 1893.*  
4. Place of Birth, (Street and Number) *# 2904 E. Elliott St.*  
5. Full Name of Mother, *Addie G. Rummel Gager.*  
6. Mother's Maiden Name, *Addie G. Rummel.*  
7. Mother's Birthplace, *Pittsburgh Pa.*  
8. Full Name of Father, *William Gager*  
9. Father's Occupation, *Steward*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return *Mr. E. A. White*  
Address, *1410 N. Central Ave.*  
Remarks,

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the midwife or other person in charge of the birth, and shall be returned to the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the mother, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **L01317**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, \_\_\_\_\_

4. Place of Birth, (Street and Number) 339 Davis St

5. Full Name of Mother, Dark France Young

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles Washington

9. Father's Occupation, Worker

10. Father's Birthplace, Ampolas

Name of Medical Attendant, or other person who makes this Return, Herb Johnson

Address, 129 Rogers av

Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the place of birth, and the sex conferred its sex, color, the full name and occupation of the mother, in the form of a certificate between the first and third day of each and every month, and the signature of the physician or practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon its birth, the Commissioner of Health, in the manner and within the period above required, and child to register its birth to the Commissioner of Health, who shall immediately thereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 19 1893

4. Place of Birth, (Street and Number) within Ave No 22.2

5. Full Name of Mother, Millie Richer

6. Mother's Maiden Name, Miller - Alter

7. Mother's Birthplace, York Co Pa

8. Full Name of Father, Charles P. Richer

9. Father's Occupation, Sugar maker

10. Father's Birthplace, York Co Pa

Name of Medical Attendant, or other person who makes this Return, Mrs S. Sellar

Address, No 19.22 Wilkins Ave

Remarks, \_\_\_\_\_

Extract Regulations of the Health Department of the City of Baltimore.  
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall be furnished by the Commissioner of Health with a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

L01319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr June 19<sup>th</sup> 1893
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, Salvator Tarsia
6. Mother's Maiden Name, itley
7. Mother's Birthplace, Pizzo Tarsio
8. Full Name of Father, Luigi Tarsio
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, itley
- Name of Medical Attendant, or other person who makes this Return, Miss Ann Taylor
- Address, 411. Guilford Alley Baltimore Md
- Remarks, \_\_\_\_\_



RETURN OF A BIRTH. **L01320**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 Children.*

1. Sex, (state whether male or female) — 2 Males

2. Race or Color, (if not of the white race) - *off white*

3. Date of Birth, June 18<sup>th</sup>.

3. Date of Birth, June 18/11.  
4. Place of Birth, (Street and Number) 204 Bazaar St  
C. C. K. C.

5. Full Name of Mother, Mary E. LaRoe

6. Mother's Maiden Name, Mary E. Garner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Lachner

9. Father's Occupation..... *Sebayers*

10. Father's Birthplace, *Baltimore Co*

Name of Medical Attendant, or other person who makes this Return, Wm. D. Bunge

Address, 111 Cross Street

*Address.*

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible]

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Colored Race*  
3. Date of Birth, *18 of June 1893*  
4. Place of Birth, (Street and Number) *1416 Carroll St Baltimore*  
5. Full Name of Mother, *Mary Sizzie Mathusa*  
6. Mother's Maiden Name, *Mary Sizzie Bright*  
7. Mother's Birthplace, *Baltimore County*  
8. Full Name of Father, *Charles Mathusa*  
9. Father's Occupation, *laborer*  
10. Father's Birthplace, *Howard County*  
Name of Medical Attendant, or other person who makes this Return, *Lurenia Mills*  
Address, *1428 Carroll St*  
Remarks, *Doing well*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same may be ascertained, the date of birth, the sex, color, the full name and occupation of its parents, the date of birth, the date of delivery, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. *A 101322*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 17<sup>th</sup> 1893*
4. Place of Birth, (Street and Number) *Baltimore*
5. Full Name of Mother, *Margaret Bryant*
6. Mother's Maiden Name, *Margaret Conolly*
7. Mother's Birthplace, *Pertmouth, Va.*
8. Full Name of Father, *John Conolly*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Miss Ann Taylor*
- Address, *41 Guilford Alley Baltimore*
- Remarks, *md*

**Section 7. Birth Schedule.**—It is hereby enacted, enacted, and ordained that every person practicing midwifery in the City of Baltimore under various charters, licenses, and orders, shall be and is hereby required to keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any child, of any child, and the name and occupation of its parents, the date and place of birth, and the date and place of delivery, and shall be delivered to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the child is delivered without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who be a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars; for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4

- WM J C DULANY CO CITY PRINTERS AND STATIONERS

Section 1. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of each birth and shall enter thereon the date, hour, place, sex, color, name of the mother, the name of the child, the name of the attending physician or midwife, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

L01324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

Every person practicing midwifery in the City of Baltimore shall be required to file with the Registrar of Births and Deaths a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month of the year in which the child was born. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01325 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16th 1893

4. Place of Birth, (Street and Number) Baltimore

5. Full Name of Mother, Anna Manta

6. Mother's Maiden Name, Anny Geppe

7. Mother's Birthplace, Italy

8. Full Name of Father, Gravanni Geppe

9. Father's Occupation, Fruit Dealer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Miss Ann Taylor

Address, 41 Gelford Alley

Remarks, Baltimore Md



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under those charges or superintendence authorized by the Board of Health, shall be required to file with the Commissioner of Health, a schedule of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be filed with the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health, or practitioner of midwifery, or should no other person be in attendance without the attendance of a practitioner of midwifery, it shall become the duty of the person or persons of such child report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extreot Regulations of the Health Department to secure a full and correct record of vital statistics in the City of Baltimore.

## RETURN OF A BIRTH.

LO1326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5<sup>1</sup>

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race).....White

3. Date of Birth,.....June the 15<sup>th</sup> 1893

4. Place of Birth, (Street and Number).....St. Fulton Avenue No 6.22

5. Full Name of Mother,.....Allace Young

6. Mother's Maiden Name,.....Allace

7. Mother's Birthplace,.....Allace Williams

8. Full Name of Father,.....Gadner Young

9. Father's Occupation,.....Labour

10. Father's Birthplace,.....Lankister Co. Columbia Pa

Name of Medical Attendant, or other person who makes this Return,.....Mr. S. Keller

Address,.....No 19-22 Wilkins Ave

Remarks, .....

Record of Vital Statistics in the City of Baltimore  
Every person practicing midwifery in the City of Baltimore shall be furnished by the Commissioner of Health with a blank schedule, to be filled out and returned to the Commissioner of Health, within the month in which the birth of a child has occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, the name of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. <sup>A</sup>101327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 13 18 93*
4. Place of Birth, (Street and Number) *624 Elm av Baltimore*
5. Full Name of Mother, *Anne C. Chismore*
6. Mother's Maiden Name, *Boyers*
7. Mother's Birthplace, *Baltimore MD*
8. Full Name of Father, *George A. Chismore*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Shannoken Pennsylvania*

Name of Medical Attendant, or other person who makes this Return, *Martha E. King Hickory av*  
Address, *Handen Baltimore MD*

Remarks, *Handen Baltimore MD*

**SECTION 7.**—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall have his or her certificate of qualification and experience forthwith shall hereafter take place shall keep a true and correct register of such births, and shall file the same with the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and he or she shall also cause to be delivered, duly signed by the practitioner in the form of a certificate between the first and last entries, the names of every mother of a physician or practitioner of health. In case the birth of any child occurs after midnight of a previous or preceding day, the name of the mother of the person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to call upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June the 5, 1893*
4. Place of Birth, (Street and Number) *Stricker St No 3-26*
5. Full Name of Mother, *Marreller Pence*
6. Mother's Maiden Name, *Marreller Fay*
7. Mother's Birthplace, *Cleveland Ohio*
8. Full Name of Father, *George W Pence*
9. Father's Occupation *Baltimore labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs S Kelly*
- Address, *No 19.22 Wilkins Ave*
- Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.  
Section 7. And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, on or before the first day of the month next ensuing the month in which the birth occurred, and shall retain the same for the purpose of being examined by the Registrar, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, the date and place of birth, and the name of the mother, and shall sign the same, and shall deliver the same to the Registrar, and shall be liable to the same penalties as provided in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or shall occur at a place where no such person is present, the birth of such child shall be reported to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... 8<sup>th</sup> of May 1902
4. Place of Birth, (Street and Number)..... 2014 Wilhelm St.
5. Full Name of Mother,..... Mina Jächde
6. Mother's Maiden Name,..... Mina Beradjik
7. Mother's Birthplace,..... Germany
8. Full Name of Father,..... Herman Jächde
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Germany
- Name of Medical Attendant, or other person who makes this Return,..... Friederike Keuler Midwife
- Address,..... 2116 W. Pratt
- Remarks, .....

SECTION 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth in full the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department of the City of Baltimore.  
Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH. **101330**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *black*
  3. Date of Birth, *June 6, 1893*
  4. Place of Birth, (Street and Number) *Mo. Lying In Hospital*
  5. Full Name of Mother, *Lizzie Louger*
  6. Mother's Maiden Name, *"*
  7. Mother's Birthplace, *Ind.*
  8. Full Name of Father, *Not known*
  9. Father's Occupation, *"*
  10. Father's Birthplace, *"*
- Name of Medical Attendant, or other person who makes this Return, *J. H. Crowder*
- Address, *Essex Hill*
- Remarks, *"*

Extract Regulations of the Health Department of the City of Baltimore.  
Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. The schedule shall be so far as the same can be ascertained, filled out by the midwife or person who shall have charge of the birth, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Return of A Birth. <sup>2nd</sup> 101331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Louise Angelica Boucsein*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 6<sup>th</sup> 1893*  
4. Place of Birth, (Street and Number) *631 W. Lexington St.*  
5. Full Name of Mother, *Louise Boucsein*  
6. Mother's Maiden Name, *Bersch*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Charles Boucsein*  
9. Father's Occupation, *Watchmaker*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other person who makes this Return, *Wm. Gornbel M.D.*  
Address, *128 W. Lee St.*  
Remarks,



CORRECTED BY Baltimore Board  
SEE DOCUMENT FILE NO. 5-01331  
DATE 6/13/93 WILLIAM H. HARRIS  
CLERK

Extract the names of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

And to be further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge, supervision or control a birth shall occur, shall be liable to a fine and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to be officer of the City of Baltimore. Any person who shall fail to attend upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16/93

4. Place of Birth, (Street and Number) 1187 Cleveland St

5. Full Name of Mother, Clara Crist

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Gearmney

8. Full Name of Father, Lewis Crist

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mr. Bange

Address, 111 Green Street

Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore  
An Act to further regulate and control the practice of midwifery in the City of Baltimore, under whose charge or superintendence a birth shall be made, and to correct the register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month to which it refers, and shall be set forth as far as the same can be ascertained the full name of each child, of any shall have been born, the name and occupation of its parents, the date and place of birth, and the sex of the child. The said schedule shall be delivered daily to the office of the Commissioner of Health, and shall be kept on file in the office of the Commissioner of Health, and shall be open to the inspection of any person at any time. The Commissioner of Health shall cause a copy of the said schedule to be made, and shall cause the same to be printed and distributed to the several wards of the City of Baltimore, and shall cause the same to be kept on file in the office of the Commissioner of Health, and shall be open to the inspection of any person at any time. The Commissioner of Health shall cause a copy of the said schedule to be made, and shall cause the same to be printed and distributed to the several wards of the City of Baltimore, and shall cause the same to be kept on file in the office of the Commissioner of Health, and shall be open to the inspection of any person at any time. The Commissioner of Health shall cause a copy of the said schedule to be made, and shall cause the same to be printed and distributed to the several wards of the City of Baltimore, and shall cause the same to be kept on file in the office of the Commissioner of Health, and shall be open to the inspection of any person at any time.

# RETURN OF A BIRTH. A01333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Female child

2. Race or Color, (if not of the white race) White

3. Date of Birth, Tenth of June

4. Place of Birth, (Street and Number) 1109 Ridgely St

5. Full Name of Mother, Male Bourser

6. Mother's Maiden Name, Chase

7. Mother's Birthplace, Tenth of August B. C.

8. Full Name of Father, George H. Bourser

9. Father's Occupation, Stearman

10. Father's Birthplace, Smith of Mass

Name of Medical Attendant, or other person who makes this Return, Mrs. Bourser

Address, 1109 Ridgely St.

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. A 91334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

7th

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)-

White,

3. *Date of Birth.*

4th of June

4. *Place of Birth, (Street and Number)*

Boston, 1305 Plum Street

5. *Full Name of Mother,*

Rachel Höhnle

6. *Mother's Maiden Name,*

" Creamer

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Louis Hoimar

9. *Father's Occupation.*

Laboren

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Paula B. Lange

Address,...

Case 34.

Remarks,

**Record or Vital Statistics in the City of Baltimore.**

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall send a list of the births which have occurred under his or her care during the month, and shall set forth as follows:

First, the name of the mother; secondly, the date of birth; thirdly, the sex conferred; the sex, color, the full name and occupation of its parents, the date of birth of the child, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, \_\_\_\_\_

4. Place of Birth, (Street and Number) *14 1/2 Market 2nd*

5. Full Name of Mother, *Genie Bar*

6. Mother's Maiden Name, *Genie Chier*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Berech Bar*

9. Father's Occupation, *Express Man*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Dr. C. Feldman*

Address, *1013 E. Lombard St.*

Remarks, *Balto, Md.*

RETURN OF A BIRTH. LM 336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 1

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Color race*
3. Date of Birth, *Thursday June 22<sup>nd</sup> 1873*
4. Place of Birth, (Street and Number) *1017 Vincent St*
5. Full Name of Mother, *Mrs Martha Sescow*
6. Mother's Maiden Name, *Mrs Martha Cole*
7. Mother's Birthplace, *Cambridge City*
8. Full Name of Father, *Phil J. Sescow*
9. Father's Occupation, *is Stony Shovling*
10. Father's Birthplace, *Calvert County*
- Name of Medical Attendant, or other person who makes this Return, *Rachel Sescow*
- Address, *1020 Vincent Street Baltimore*
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 101337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race)*

3. Date of Birth, 22 June 1893

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*...7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Record of Vital Statistics in the City of Baltimore  
The Registrar of Births and Deaths shall keep a true and correct record of all births and deaths occurring in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be signed by the Registrar of Births and Deaths, and shall be filed in the office of the Commissioner of Health. The Registrar of Births and Deaths shall also keep a true and correct record of all deaths occurring in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the deaths which have occurred under his or her care, and shall be signed by the Registrar of Births and Deaths, and shall be filed in the office of the Commissioner of Health. The Registrar of Births and Deaths shall also keep a true and correct record of all marriages occurring in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the marriages which have occurred under his or her care, and shall be signed by the Registrar of Births and Deaths, and shall be filed in the office of the Commissioner of Health. The Registrar of Births and Deaths shall also keep a true and correct record of all burials occurring in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the burials which have occurred under his or her care, and shall be signed by the Registrar of Births and Deaths, and shall be filed in the office of the Commissioner of Health.

RETURN OF A BIRTH. 101338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child of 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Monday June 19, 1893

4. Place of Birth, (Street and Number) No 19 S. Duncan Alley

5. Full Name of Mother, Mrs. Elizabeth Owens

6. Mother's Maiden Name, Eliza Owens

7. Mother's Birthplace, Birth place Baltimore Md.

8. Full Name of Father, Malice Owens

9. Father's Occupation, Laborer

10. Father's Birthplace, Birth place Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Glover

Address, 123 S. Duncan St.

Remarks, no remarks

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep and preserve a record of such births, and shall enter the same in a book to be kept for that purpose, and shall submit the same to the Registrar of Births, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of the profession, to the Registrar of Births, on the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician, and shall be subject to the inspection of the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 17 1893

4. Place of Birth, (Street and Number) City Johnson Lane 7007

5. Full Name of Mother, Mary Fisher

6. Mother's Maiden Name, Mary Boyer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Josh. Fisher

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, James Warren

Address, 1131 Forest St

Remarks, \_\_\_\_\_

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *16 June 1898*
4. Place of Birth, (Street and Number) *3102 N. Vincent alley*
5. Full Name of Mother, *Abnera Prince*
6. Mother's Maiden Name, *Brown*
7. Mother's Birthplace, *A. C. Co. Md.*
8. Full Name of Father, *William Franklin*
9. Father's Occupation, *Lab. man*
10. Father's Birthplace, *Red River Texas*
- Name of Medical Attendant, or other person who makes this Return, *May Rogers*
- Address, *421 E. 2nd St.*
- Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed by the Board of Health, shall be required to register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conceived, the date of birth, the name of the mother, the name of the father, the name of the physician or midwife, the name of the place of birth, the name of the mother's maiden name, the name of the mother's birthplace, the name of the father's birthplace, the name of the father's occupation, the name of the medical attendant, or other person who makes this Return, the address, and the remarks, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH. <sup>A</sup>101341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 1, 1893

4. Place of Birth, (Street and Number) Moors' aly. 549

5. Full Name of Mother, Lydia Blackston

6. Mother's Maiden Name, Lydia Bayne

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, James Blackston

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, May Ann. Moon

Address, 537 West 1st aly. City

Remarks, \_\_\_\_\_



LO 343

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) /

1. Sex, (state whether male or female)... Male  
2. Race or Color, (if not of the white race)...  
3. Date of Birth, 10 June  
4. Place of Birth, (Street and Number) 531 A. Bond St  
5. Full Name of Mother, Annie Degele  
6. Mother's Maiden Name, Kahlers  
7. Mother's Birthplace, Virginia  
8. Full Name of Father, Henry Degele  
9. Father's Occupation, Printer  
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Mrs R. Ellig  
 1302 E Lexington



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...*

4 Child  
Male

1. *Sex*, (state whether male or female)...

2. *Race or Color, (if not of the white race).*—

3. *Date of Birth,*

June 6 1893

4. *Place of Birth, (Street and Number).*

25 Hamburg St

5. *Full Name of Mother,*

Mary Giese

6. *Mother's Maiden Name,*

Gerda

### 7. *Mother's Birthplace,*

Bohemia.

8. *Full Name of Father,*

Mathieu Jorse

9. *Father's Occupation.*

Taylor.

10. *Father's Birthplace,*

*Bohemian*

*Name of Medical Attendant,* or other person who makes this Return,

who  
rn, *J. Schwasser, Midwife*

*Address,*

1032 Kanover st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. - And he who is charged with the duty of registering births in the city of Baltimore, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the person who is charged with the duty of registering births, and shall be forwarded to the Commissioner of Health, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall be present at the birth, to report the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

# RETURN OF A BIRTH 101345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4.

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

16. June 1893

4. Place of Birth (Street and Number),

652 W. Lombard

5. Full Name of Mother,

Sora Pohn

6. Mother's Maiden Name,

Sora Zuckerman

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Robert Pohn

9. Father's Occupation,

designer of shirts

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

Wm. Wolf M.D.

Address,

686. Fremont

Remarks,

Instrumental delivery

Section 7.—And be it further enacted and declared that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the midwife, or other person, who shall be present at the birth, and shall be returned to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. A L01346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 10 June*

4. Place of Birth, (Street and Number) *E. Gayor. W. N. 1915*

5. Full Name of Mother, *Josefa Mares*

6. Mother's Maiden Name, *Josefa Leal*

7. Mother's Birthplace, *Bogum*

8. Full Name of Father, *Andres Mares*

9. Father's Occupation, *Glazier*

10. Father's Birthplace, *Bogum*

Name of Medical Attendant, or other person who makes this Return, *Mary Hanzlik*

Address, *E. Gayor. W. N. 1913*

Remarks, \_\_\_\_\_

AL 91347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two fifteenth* *Run*  
1. Sex, (state whether male or female) *males*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 8* *1901*  
4. Place of Birth, (Street and Number) *Chappel St a Hopkinton 1329*  
5. Full Name of Mother, *Mary Eick*  
6. Mother's Maiden Name, *Mary H. Eick*  
7. Mother's Birthplace, *Smithfield*  
8. Full Name of Father, *Jacob Eick*  
9. Father's Occupation, *Farmer*  
10. Father's Birthplace, *Smithfield*  
Name of Medical Attendant, or other person who makes this Return, *Mary Hazen*  
Address, *E. Edger St. N. 1923*  
Remarks,

Record of Vital Statistics in the City of Baltimore  
Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of each of the child's birth, and the name of the physician or practitioner of midwifery, of whom such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. A 101348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 of June

4. Place of Birth, (Street and Number)

2022 E George St

5. Full Name of Mother,

Annie C. Walden

6. Mother's Maiden Name,

Degoy

7. Mother's Birthplace,

Delaware

8. Full Name of Father,

James Walden

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other person who makes this Return,

W. D. Davenport

Address,

2024 E Pratt St

Remarks,

Doing well

Lot 349

29nd.

Август

Wilde

June 18<sup>th</sup> 1893.

Co. Market Street

Итого: Катунин

Ex. Ha. 2 Bosslik

*Quercia*

Archie Katter

Se la Thine & l'ère Kerber

Pyraea

Alfred Grosvenor

19. U. High Street

\_\_\_\_\_



SECTION 7.—And be it further enacted and ordered that every person practicing midwifery in the City of Baltimore under whose name or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This record shall be made up at the expiration of each month, and shall set forth as far as the same can be ascertained the full name and occupation of the person who has been conferred with its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its death, and shall be signed by the practitioner in the form of a certificate between the first and third days of the month following the birth, and shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the person or persons who shall have the custody of the child to report its birth to the Commissioner of Health, in the manner and at the time and place above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. <sup>A</sup> 101350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~ <sup>3rd.</sup>)
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Risk*
3. Date of Birth, *June 16<sup>th</sup> 1893.*
4. Place of Birth, (Street and Number) *100 Market Street*
5. Full Name of Mother, *Rachel Pallanoff*
6. Mother's Maiden Name, *Rachel Rehrstein*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Arnash Pallanoff*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. J. Brown*
- Address, *19 N. High Street*
- Remarks,

Record of Vital Statistics in the City of Baltimore  
The Registrar of Births and Deaths shall be charged with the duty of receiving and recording all returns of births and deaths made to him by the several officers and persons authorized to make the same. He shall also be charged with the duty of keeping a true and correct record of the same, and of furnishing to the several officers and persons authorized to receive the same, a true and correct copy of the same. He shall also be charged with the duty of furnishing to the several officers and persons authorized to receive the same, a true and correct copy of the same. He shall also be charged with the duty of furnishing to the several officers and persons authorized to receive the same, a true and correct copy of the same.

RETURN OF A BIRTH. **A** L01351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th June

4. Place of Birth, (Street and Number) No 12 or Mceldery st

5. Full Name of Mother, Lina Katz

6. Mother's Maiden Name, Lina Cohen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin Katz

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Elias

Address, No 12 41 Mceldery st

Remarks, \_\_\_\_\_

Section 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall keep a true and correct register of such births as he or she may deliver or cause to be delivered, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date and place of birth, and the name and occupation of its parents, the date and place of birth of the mother, and the date and place of birth of the father, and shall sign the certificate between the first and second lines of the said register, and shall deliver the same to the Commissioner of Health, in the manner and within the period also provided for in the said act, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

101352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 14

4. Place of Birth, (Street and Number) 119 N. Carroll Street

5. Full Name of Mother, Mary Duncan

6. Mother's Maiden Name, Mary Scott

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Duncan

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Christine Patterson

Address, 401 Laurel Street

Remarks, living well

## RETURN OF A BIRTH. L01353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race), *Hebrew*

3. Date of Birth, June 13

4. Place of Birth, (Street and Number) 109 1/2 Glenmont St

5. Full Name of Mother, Emma Lou

6. Mother's Maiden Name, Eva Sam

7. Mother's Birthplace, Bethlehem

8. Full Name of Father, James G. ...

9. Father's Occupation, Pietist Minister

10. *Father's Birthplace,* Rehoboth, Mass.

*Name of Medical Attendant,* or other person who makes this Return,

Address, 2024 E. ...

Remarks, *Case of -*

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed practitioner, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101354 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, June 13 1893
  4. Place of Birth, (Street and Number) No 1821 South Charles St
  5. Full Name of Mother, Blanche Eckhardt
  6. Mother's Maiden Name, Blanche Kelly
  7. Mother's Birthplace, Baltimore city md
  8. Full Name of Father, Amos Eckhardt
  9. Father's Occupation, Machine St
  10. Father's Birthplace, Baltimore city md
- Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton
- Address, No 1422 Hanover St
- Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

Section 7. And it is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or attendance a birth shall hereafter take place, shall be and he is hereby required to register of such birth, and shall enter the same in a book, schedule, to be furnished by the Commissioner of Health, and his schedule shall contain a list of the births occurring under his charge or attendance, and shall be corrected and returned to the Commissioner of Health, as far as the same can be ascertained, the full name and occupation of the father, the date and hour of the birth, the sex of the child, if any shall have been conferred its sex, and the name and occupation of the mother, the date and hour of the birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and it is the duty of the person or persons in attendance upon the mother, to comply with the provisions of this section, and if they fail to do so, they shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101355  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, June Second 1892

4. Place of Birth, (Street and Number) 232 Forrest street

5. Full Name of Mother, Mary Lizzie Jones

6. Mother's Maiden Name, Mary Lizzie Sennett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ryboltz Jones

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, attend Mrs Ryboltz Jones

Address, 129 Rodger Ave

Remarks,



RETURN OF A BIRTH. A 101356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)--- White

3. Date of Birth, ..... 12 June

4. Place of Birth, (Street and Number).....1608 Sheehy St.

5. Full Name of Mother Monika Berdich

6. Mother's Maiden Name, Shurkup

7. Mother's Birthplace, Boland

8. Full Name of Father, Mike Berdich

9. Father's Occupation..... *Laharer*

10. Father's Birthplace, .....

Name of Medical Attendant, or other person who makes this Return, Mary Krutzka

Address, ..... 602 Bond St.

Remarks,

RETURN OF A BIRTH. A 101357  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9<sup>th</sup> of June 1895

4. Place of Birth, (Street and Number) 616 N. Burke St.

5. Full Name of Mother, Annie Mulsinger

6. Mother's Maiden Name, Annie Klotz

7. Mother's Birthplace, Germany

8. Full Name of Father, John Mulsinger

9. Father's Occupation, Cementer

10. Father's Birthplace, Baltimore M. S.

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hill M. S.

Address, 207 N. Castle St. Baltimore

Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births as shall come under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the name of the physician or practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and shall report to the Commissioner of Health, in the manner and within the period above required, the birth of each child to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9th

4. Place of Birth, (Street and Number) 406 S Ann St

5. Full Name of Mother, Katie Werry

6. Mother's Maiden Name, Rabinson

7. Mother's Birthplace, Balt City

8. Full Name of Father, Charles E Werry

9. Father's Occupation, Ice Driver

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return, M A Dawson

Address, 20 24 E Pratt

Remarks, Doing Well

Section 76. And be it further enacted, that every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of reporting the birth of any child, shall be subject to the provisions of this section, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. A-101359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2 1897

4. Place of Birth, (Street and Number) No. 20 E. Howard St.

5. Full Name of Mother, Lizzie Brown

6. Mother's Maiden Name, Lizzie Roland

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, John Brown

9. Father's Occupation, Lawyer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. AL01360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race) Italian

3. Date of Birth, ..... 2 June

4. *Place of Birth, (Street and Number)*----- 2173 1/2 St. N. Dallas

5. Full Name of Mother, Dorothy E. Smith

6. *Mother's Maiden Name,* -----

7. Mother's Birthplace, .....

8. Full Name of Father, .....

9. *Father's Occupation*.....

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return, George W. Smith

Address, .....

Remarks, ..... doing well

## 01361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth..... June 25<sup>th</sup> 1893

4. Place of Birth, (Street and Number)..... 415 Lewis St.

5. Full Name of Mother,..... Jimie Essieko

6. Mother's Maiden Name, Bornier

7. Mother's Birthplace, *Balti. Md.*

8. Full Name of Father. *George Smith*

9. Father's Occupation. *Steward*

10. Father's Birthplace, *West Indies San Domingo*

Name of Medical Attendant, or other Person who makes this Return. *Francis A. Bauer M.D.*

Address, 439 N. Central Avenue.

Remarks,



Section 9. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct record of the births occurring in the City of Baltimore, and shall enter the same on a list of the births which have occurred under his or her care during the year in which they occur, and shall deliver the same to the Registrar of Vital Statistics, Board of Health, on or before the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or father of such child shall immediately thereafter report the birth of such child to the Registrar of Vital Statistics, Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

## RETURN OF A BIRTH. 101362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 20, 1893.*

4. Place of Birth, (Street and Number) *2225-Entaw Place.*

5. Full Name of Mother, *Clara Hauck.*

6. Mother's Maiden Name, *Clara Biehl*

7. Mother's Birthplace,

8. Full Name of Father, *George F. W. Hauck.*

9. Father's Occupation, *Dealer in ~~the~~ Lumber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Howard A. Kelly.*

Address, *905-N. Charles St.*

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place shall keep a true and correct record of the same, and shall enter the same on a blank schedule to be furnished by the Board of Health. This schedule shall be filled out by the midwife or other person who shall be present at the birth, and shall be set forth as far as the same can be ascertained, under the following headings:—Name of the child, sex, color, the full name and occupation of its parent, the date of birth, and the place of birth, and the name of the practitioner of midwifery, or should no other person be in attendance upon the birth, the name of the person or persons who shall be present at the birth, and the day of each and every birth occurring in the month, and shall be returned to the Board of Health, in the manner and within the time above required, and shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 5th 1893*

4. Place of Birth, (Street and Number) *1314 Wilcox St*

5. Full Name of Mother, *Ellen Gantz*

6. Mother's Maiden Name, *Schwartz*

7. Mother's Birthplace, *Gork Pa*

8. Full Name of Father, *James Gantz*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Gork Pa*

Name of Medical Attendant, or other person who makes this Return, *Dr. B. Billington*

Address, *1206 E. Princes St*

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep true and correct registers of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the mother, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and shall sign the said schedule, duly signed by the practitioner in the form of a certificate between the first and second lines of the said schedule, shall be delivered to the Commissioner of Health, or to the person who shall be appointed by the Board of Health, within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. <sup>over</sup> 101364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Howard Jones*  
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *June 8th 1893*  
4. Place of Birth, (Street and Number) *1019 E. North Ave*  
5. Full Name of Mother, *Elizabeth Jones*  
6. Mother's Maiden Name, *Robinson*  
7. Mother's Birthplace, *Balti*  
8. Full Name of Father, *L. K. Jones*  
9. Father's Occupation, *Police*  
10. Father's Birthplace, *Balti*  
Name of Medical Attendant, or other person who makes this Return, *Dr B. Billinger*  
Address, *1206 E. Preston St*  
Remarks,

COPIES OF BY Insurance Record  
SEE DOCUMENT FILE NO. A 1-01364  
DATE 4-20-42 Gladys Clark  
CLERK

## RETURN OF A BIRTH, A101365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3<sup>rd</sup>)

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race).....white

3. *Date of Birth,* June 27<sup>th</sup> 1843

4. *Place of Birth, (Street and Number)* 929 E. 113rd St.

5. Full Name of Mother, Ida Hansen

6. *Mother's Maiden Name,* Reid

7. *Mother's Birthplace,*..... *Bali*

8. *Full Name of Father,*.....

9. *Father's Occupation,* *C. R. Smith*

10. *Father's Birthplace,* B. S. S. S.

Name of Medical Attendant, or other person who makes this Return, Mr. B. B. B. B. B.

Address, 1246 E. Belmont

Remarks, \_\_\_\_\_

Wm. J. C. Dulany Co., City Printers and Stationers.

## RETURN OF A BIRTH. 101366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

32

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

..... while

3. *Date of Birth,*

June 13th 1893

4. *Place of Birth, (Street and Number)*

4225 N Central Ave

5. *Full Name of Mother,*

Louisa Boase

6. *Mother's Maiden Name.*

The above

7. *Mother's Birthplace,*

Engelhardt

8. *Full Name of Father,*

Wm. B. B.

9. *Father's Occupation.*

Robert  
P. ...

10. *Father's Birthplace,*

of steel

Name of Medical Attendant, or other person who makes this Return.

M. B. Bilbinclea

Address.

1206. *P. ...*

Remarks

Wm. J. C. Dulany Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.  
Every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth for the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur within the period of midwifery, or should no other person be in attendance upon the mother, the midwife shall immediately report the birth of such child to the Commissioner of Health, in the manner and within the period, for which any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
  2. Race or Color, (if not of the white race) white
  3. Date of Birth, June 19th 1893
  4. Place of Birth, (Street and Number) 107 N. Washington St.
  5. Full Name of Mother, Mollie Baldwin
  6. Mother's Maiden Name, Hopkins
  7. Mother's Birthplace, Balt.
  8. Full Name of Father, Benj. Baldwin
  9. Father's Occupation, laborer
  10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingsley
- Address, 1206 E. Preston St.
- Remarks,



Section 7.—And he it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same in a book, which shall be kept in his or her office, and shall be open to the inspection of the Registrar of Vital Statistics, at any time, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of January, to the Registrar of Vital Statistics, and shall be subject to the inspection of the Registrar, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

L01368  
A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) male
  2. Race or Color, (if not of the white race) Colored
  3. Date of Birth, June 28
  4. Place of Birth, (Street and Number) 515 Oxford St
  5. Full Name of Mother, Charity Jamisee
  6. Mother's Maiden Name, Charity Bond
  7. Mother's Birthplace, Charles County
  8. Full Name of Father, Richmond Jamisee
  9. Father's Occupation, Locking
  10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Bond
- Address, 509 E. Baltimore St
- Remarks, \_\_\_\_\_

## RETURN OF A BIRTH, 101369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.).

1. Sex, (state whether male or female)..... Male  
2. Race or Color, (if not of the white race)..... White  
3. Date of Birth,..... 10<sup>th</sup> June  
4. Place of Birth, (Street and Number)..... 207 Ryan St  
5. Full Name of Mother,..... Mary Miller  
6. Mother's Maiden Name,..... Mary Conkley  
7. Mother's Birthplace,..... Baltimore  
8. Full Name of Father,..... John Miller  
9. Father's Occupation..... Laborer  
10. Father's Birthplace,..... Baltimore  
Name of Medical Attendant, or other person who makes this Return,..... Mrs Sebach  
Address,..... No 735 W. Pratt St  
Remarks,.....

Register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parent, the date of its birth, the day of the month, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th  
Name Brown C. William Poole  
1. Sex, (state whether male or female) male  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, June 13, 1893  
4. Place of Birth, (Street and Number) Stapford Street  
5. Full Name of Mother, Ida V. Poole  
6. Mother's Maiden Name, Ida V. Vernon  
7. Mother's Birthplace, Baltimore Md.  
8. Full Name of Father, William Henry Poole  
9. Father's Occupation, Ironer  
10. Father's Birthplace, Baltimore Md.  
Name of Medical Attendant, or other person who makes this Return, J. D. Melhus M.D.  
Address, 952 Frederick Ave  
Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 23. 1893

4. Place of Birth, (Street and Number) 199 1/2 Frederick Ave. Balt.

5. Full Name of Mother, Emily C. Clark.

6. Mother's Maiden Name, Emily C. Lundy

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George J. Clark

9. Father's Occupation, Telegraph Operator.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J. B. Mullin M.D.

Address, 952 Frederick Ave. Balt.

Remarks,

Section 7.—And he it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereinafter be reported, shall be bound to file and forward to the Commissioner of Health, a return in the form and to the effect hereinafter set forth, containing a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been born, the name and occupation of its parents, the date and place of birth, and the sex of the child, and shall also state whether the child was born at home or in a hospital, and whether the birth occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such persons shall be liable to the penalties hereinafter provided, to be recovered as other fines and forfeitures are recoverable, to the tune of ten (10) dollars for each offence.

## RETURN OF A BIRTH. 101372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) \_\_\_\_\_
  3. Date of Birth, 30 June
  4. Place of Birth, (Street and Number) 530 B. Ave.
  5. Full Name of Mother, Annie Fisher
  6. Mother's Maiden Name, Krupp
  7. Mother's Birthplace, Russia
  8. Full Name of Father, Abraham Fisher
  9. Father's Occupation, Sailor
  10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Wm. D. Kelly
- Address, 1302 E. Lexington St.
- Remarks, \_\_\_\_\_

SECTION 7.—An Act to further enact and ordain, that every person practicing midwifery in the City of Baltimore under a license or charge of superintendence shall keep a record of the births which occur in the City of Baltimore, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. *AL01373*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *31 June*
4. Place of Birth, (Street and Number) *1108 Dow St*
5. Full Name of Mother, *Lena Goldman*
6. Mother's Maiden Name, *" Reizman*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Louis Goldman*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *Wm R Allen*
- Address, *1307 E. Lexington St*
- Remarks, \_\_\_\_\_



Section 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who shall enter the same on blank returns, shall keep a true and correct register of such births, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or to the office of any other person or persons who shall be appointed by the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20 1893

4. Place of Birth, (Street and Number) 823 Canton St.

5. Full Name of Mother, Annie Scheffline

6. Mother's Maiden Name, Annie Earnest

7. Mother's Birthplace, Balt

8. Full Name of Father, Andrew Scheffline

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mary J. Swartz

Address, 823 1/2 Canton St.

Remarks,

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore, and shall be filled up by the midwife, or other person practicing midwifery, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and shall comply with the provisions of this section, and any person who shall fail to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *Born on the 11<sup>th</sup> of June 1893*

4. Place of Birth, (Street and Number) *203 Parkin Street*

5. Full Name of Mother, *Mrs Jessie Williamson*

6. Mother's Maiden Name, *Jessie Weir Age 24 years*

7. Mother's Birthplace, *London England*

8. Full Name of Father, *Mrs John Williamson Age 59 years*

9. Father's Occupation, *Grocery Business*

10. Father's Birthplace, *London England*

Name of Medical Attendant, or other person who makes this Return, *Mrs Seetach*

Address, *No 735 W Pratt St*

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. 101376 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13<sup>th</sup>

1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, June 22, 1893
  4. Place of Birth, (Street and Number) 1132 Frederick Road
  5. Full Name of Mother, Emma Elgert
  6. Mother's Maiden Name, Emma Engelhaupt
  7. Mother's Birthplace, Baltimore, Md
  8. Full Name of Father, William C. Elgert
  9. Father's Occupation, Dry Goods
  10. Father's Birthplace, Baltimore, Md
- Name of Medical Attendant, or other person who makes this Return, B. Mullins M.D.
- Address, 952 Frederick Ave
- Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a title of the birth, which shall be the full name of each child, if any child have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of any physician, midwife, or other person, who shall be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. *AL 1377*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 June 1895*

4. Place of Birth, (Street and Number) *512 Druid Hill Ave*

5. Full Name of Mother, *Annice Dulman*

6. Mother's Maiden Name, *Filberman*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Mike Dulman*

9. Father's Occupation, *Store-keeper*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *J. Thompson*

Address, *42 Alameda St.*

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 101378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 June 1893*

4. Place of Birth, (Street and Number) *235 Bay St.*

5. Full Name of Mother, *Lora Pearlman*

6. Mother's Maiden Name, *Epilian*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Samuel Pearlman*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *C. Chapman*

Address, *42 Chestnut St.*

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall be required to file with the Registrar of Births, a list of the births which have occurred under his or her care during the month in which they occur, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the midwife or practitioner of midwifery, shall immediately file with the Registrar of Births, in the manner and within the time herein prescribed, a certificate of the birth of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH 101379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, June 30, 1893.

4. Place of Birth, (Street and Number) 815 Remington Ave.

5. Full Name of Mother, Alice Brown.

6. Mother's Maiden Name, Brownley.

7. Mother's Birthplace, Pa.

8. Full Name of Father, Harry Brown

9. Father's Occupation, Vendor of Orbits &c.

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut Ave.

Remarks, \_\_\_\_\_



Section 22-103 of the City of Baltimore Ordinance, relating to the registration of births, is hereby amended, so that every person, practicing midwifery in the City of Baltimore, under whose auspices a birth shall occur, shall be required to file with the Registrar of Births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, a list of the births which the midwife has attended, and shall set forth as follows: the name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the last day of a month, the practitioner shall deliver the said schedule to the office of the Commissioner of Health, immediately thereafter. It shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, June 30, 92.

4. Place of Birth, (Street and Number) 11020 Lombard St.

5. Full Name of Mother, Georgia Brown

6. Mother's Maiden Name, —

7. Mother's Birthplace, Ja

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Charles S. Mer

Address, 11320 Lombard St.

Remarks, —

SECTION 7. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep and maintain a book or books, in which he shall enter a full and correct record of every birth occurring within the City of Baltimore, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, date of birth, its race or color, the name and occupation of its father, the name and occupation of its mother, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. <sup>101381</sup>

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, June 30, 1893

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Minnie Henry

6. Mother's Maiden Name, -

7. Mother's Birthplace, - Va.

8. Full Name of Father, -

9. Father's Occupation, -

10. Father's Birthplace, -

Name of Medical Attendant, or other person who makes this Return, Chas. J. Allen

Address, 115 W. Lombard St.

Remarks,

Section 100. And be it further enacted, and ordered, that every person practicing midwifery in the City of Baltimore, who is not a member of the Baltimore Board of Health, shall be required to file with the Registrar of Births, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the place of birth, the name of the physician or practitioner in the form of the said schedule shall be delivered, duly signed by the practitioner in the form of the said schedule, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 19

4. Place of Birth, (Street and Number) 544 N. Mary's

5. Full Name of Mother, Fannie M. Clain

6. Mother's Maiden Name, Fannie Smith

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles E. Clain

9. Father's Occupation, Porter

10. Father's Birthplace, Harford County Md

Name of Medical Attendant, or other person who makes this Return, Charles E. Clain

Address, 509 Preston St

Remarks,

RETURN OF A BIRTH. **A. 101383**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1 -

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)..... *Colored*

3. Date of Birth, ..... (October 9)

4. Place of Birth, (Street and Number)..... 2167 D. Miller St.

5. Full Name of Mother, Pistina Roman

6. Mother's Maiden Name, Betha Gandy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Harmonius D. Brown

9. Father's Occupation..... *Harbor*

10. *Father's Birthplace,* India

Name of Medical Attendant, or other person who makes this Return, Walter H. Vance

Address, 509 East 14th

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

Section 77. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore who shall be charged with the performance of such duties shall hereafter take pains to keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, in a list of the births which have occurred under his or her care during the month, and shall set forth as follows: First, the name of the mother, the name of each child, if any shall have been conferred its sex, color, the full name and occupation of its father, the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.  
Every person who practices midwifery in the City of Baltimore, under whose charge or superintendence a birth shall take place, is required to be furnished by the Commissioner of Health, and shall enter the name of the child, its sex, color, the full name and occupation of its father, the name and birthplace of its mother, and the place of birth, in the form of a certificate between the first and third day of each and every month of the year, and the certificate shall be signed by the practitioner of midwifery, or should no other person be in attendance, by the mother, immediately thereafter it shall become the duty of the person or persons so signed, to deliver the same to the Commissioner of Health, in the manner and within the period and under the penalty provided in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN ON BIRTH. L01384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race).....White

3. Date of Birth,.....July 6 1893

4. Place of Birth, (Street and Number).....211 N. Franklin St

5. Full Name of Mother,.....Marie Pyles

6. Mother's Maiden Name,.....Middelhaupt

7. Mother's Birthplace,.....Baltimore

8. Full Name of Father,.....Charles Pyles

9. Father's Occupation,.....Clerk

10. Father's Birthplace,.....Montgomery Co. Md

Name of Medical Attendant, or other person who makes this Return,.....J. W. Moore

Address,.....211 N. Franklin

Remarks, .....

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the name and occupation of the mother, the date of birth, and the date of registration. The full name and occupation of the mother, the date of birth, and the date of registration shall be entered on the schedule. The schedule shall be delivered to the Commissioner of Health, and shall be retained by him until the birth of the child to which it relates. The Commissioner of Health shall be responsible for the accuracy of the information furnished on the schedule. Any person who furnishes false information on the schedule shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. A. 101385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>* *Jacob. Wilbur Graf*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 26, 1893*

4. Place of Birth, (Street and Number) *1003 W. Lough St.*

5. Full Name of Mother, *Eliza Jane Graf*

6. Mother's Maiden Name, *" Bonbairi*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Jac. Jacob Graf*

9. Father's Occupation, *Provision Dealer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Dr. A. Hartman M.D.*

Address, *1121 N. Caroline St.*

Remarks, **GIVEN NAME ADDED.** *5-27-52*



## RETURN OF A BIRTH. ALM386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, ..

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other person who makes this Return,.....
- Address,.....
- Remarks,.....

## RETURN OF A BIRTH.

AL 1388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

Fourth

1. Sex, (state whether male or female).

1 male

2. Race or Color, (if not of the white race)-

white

3. *Date of Birth,*

Oct. 26<sup>th</sup>

4. *Place of Birth, (Street and Number).*

7/10 Berlin, D.C.

5. *Full Name of Mother,*

Kate Palmer

6. *Mother's Maiden Name,*

State Witzel

7. *Mother's Birthplace,*

Re H.

8. *Full Name of Father,*

Wm. B. Ball

### 9. Father's Occupation

1 Blacksmith

10. *Father's Birthplace,*

Libertine, Bessie

*Name of Medical Attendant,* or other person who makes this Return.

ho  
rn, Miss Warden.

Address,

883 Government St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. AL 1389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2<sup>nd</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29<sup>th</sup> July 1893

4. Place of Birth, (Street and Number) 1606 Fort Ave

5. Full Name of Mother, *Mary E. Arthur*

6. *Mother's Maiden Name,* Mary Rae

7. Mother's Birthplace, Greenock, Scotland

8. Full Name of Father, *William M<sup>c</sup>Arthur*

9. *Father's Occupation.* *Fitter*

10. Father's Birthplace, *Kelvin Hall Glasgow*

Name of Medical Attendant, or other person who makes this Return. James Hodges

Address, Oxford + Charlotte Streets

Remarks, .....

LA 390

Heinrich

male ~~female~~

white race

July 24

Baltimore 1700 Oliver St

Mary Jane Wagner

Henry G. Miller

Baltimore

John M. Wagner

formage

Baltimore

Mrs Emma Lane

Miss  
Mildred

*C. M. ...*

Health Officer under whose charge or supervision a birth shall be recorded, shall keep a true and correct record of the births which have occurred under his or her supervision, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its father, the full name and place of birth, and the date of each and every birth, and shall report the same to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

A. 151391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 7" 1893*

4. Place of Birth, (Street and Number) *Mad. Lying in Hosp*

5. Full Name of Mother, *Julia Kearney*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Not known*

9. Father's Occupation, *" "*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other person who makes this Return, *William Brinton M.D.*

Address, *Mad. Lying in Hospital*

Remarks, *" "*



Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose name and seal a birth certificate is issued shall keep a true and correct record of such birth, and shall enter the same on a book to be provided by the Commissioner of Health, and shall set forth in full the name of the mother, the date and place of birth, and the sex, color, the full name and occupation of the father, the name of the physician or practitioner of midwifery, or should no other person be present, the name of the midwife, and the name of the child, and shall also enter the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH ALD 1392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *black*
3. Date of Birth, *July 3<sup>rd</sup> 1893*
4. Place of Birth, (Street and Number) *Md. Lying In Hospital*
5. Full Name of Mother, *Annie Brown*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Not Known*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, or other person who makes this Return, *William Britton M.D.*
- Address, *Md. Lying In Hospital*
- Remarks, *"*

Section 27. And be it further enacted, that every person practicing midwifery in the City of Baltimore, who shall enter the same on a blank schedule, to be furnished by the Board of Health, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of its parent, the place of birth, and the day of each and every month, the day of its birth, the name of its mother, and the name of its father, and shall report its birth to the Commissioner of Health, in the manner and within the time prescribed, and shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

101393

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *July 7<sup>th</sup> 1893*
4. Place of Birth, (Street and Number) *Md. Lying In Hosp.*
5. Full Name of Mother, *Ellen Peach*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Md.*
8. Full Name of Father, *not known*
9. Father's Occupation, *" "*
10. Father's Birthplace, *" "*
- Name of Medical Attendant, or other person who makes this Return, *William Brinton M.D.*
- Address, *Md. Lying In Hospital*
- Remarks, *" "*

101-394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Second

Fernale

black

July 3<sup>rd</sup> 1893

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Wiener Brinten m. d.

Ma. Lying in Hospital

Remarks.

RETURN OF A BIRTH.  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Blk

3. Date of Birth, July 20 / 93

4. Place of Birth, (Street and Number) *Alt. Laying in Hospital*

5. Full Name of Mother, Leah Jackson

6. *Mother's Maiden Name*

7. *Mother's Birthplace*..... *Massachusetts*

8. Full Name of Father. *Chas. J. ...*

9. *Father's Occupation* 1

10. *Father's Birthplace* .....

Name of Medical Attendant, or other person, \_\_\_\_\_

Address 2nd St. N. W. Wash. D.C.

Remarks

REMARKS,

Section 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offense, and be liable to imprisonment for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 101396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Year 1st
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) Bk
  3. Date of Birth, July 21 1933
  4. Place of Birth, (Street and Number) Ind. Lying in Hospital
  5. Full Name of Mother, Georgie Roberts
  6. Mother's Maiden Name, " "
  7. Mother's Birthplace, Maryland
  8. Full Name of Father, Unknown
  9. Father's Occupation, " "
  10. Father's Birthplace, " "
- Name of Medical Attendant, or other person who makes this Return, Wm. B. Brinton M.D.
- Address, Ind. Lying in Hospital
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. ALM 397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd -

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Blk

3. *Date of Birth,* July 24/93

4. Place of Birth, (Street and Number) Md. Deying in Hospital

5. Full Name of Mother, Martha Bell

6. *Mother's Maiden Name*,.....//..... //

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. *Father's Occupation*.....

10. *Father's Birthplace* .....

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, \_\_\_\_\_  
Remarks \_\_\_\_\_

Remarks,

[illegible]



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born, the date and place of birth, the date and place of death, the date and place of burial, and the date and place of the first and last day of each and every month to the office of the Commissioner of Health. In case the birth and death of a child shall occur within the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A** 101398  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Blk

3. Date of Birth, July 29/93

4. Place of Birth, (Street and Number) Wd. Lying in Hospital

5. Full Name of Mother, Laura Lee

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, William Brinton, M.D.

Address, Wd. Lying in Hospital

Remarks, \_\_\_\_\_

And be it further enacted, that every person residing and carrying on business in the City of Baltimore, under whose charge or supervision a birth shall occur, shall, within the month and correct month, and shall set forth as far as the same can be ascertained, the date, sex, color, and name of the child, and the name and occupation of the mother, and the name and occupation of the father, and the name and occupation of the medical attendant, and the name and occupation of the person who makes this return, and shall file the same in the Office of the Commissioner of Health, in the manner and within the time and under the penalty herein provided, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. *ALM 399*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 d.*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Blk -*
3. Date of Birth, *July 29/93*
4. Place of Birth, (Street and Number) *Md. Lying in Hospital*
5. Full Name of Mother, *Rachel Day*
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, *Md -*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *l.*
10. Father's Birthplace, *l.*

Name of Medical Attendant, or other person who makes this Return, *Wilmer Bantow m.d.*

Address, *Md. Lying in Hospital*

Remarks, \_\_\_\_\_

Baltimore under whose charge entered and ordered that every person practicing midwifery in the City of Baltimore shall enter the same on blank schedule, to be furnished by the Registrar of Births and Deaths, within one month after the birth of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the place of birth, the date of birth, the name of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the name of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. AL01430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 12th

4. Place of Birth, (Street and Number) 881 Greenmount Ave. City

5. Full Name of Mother, Elizabeth Rappert

6. Mother's Maiden Name, Elizabeth Clark

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, William Rappert

9. Father's Occupation, Cypher Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm. W. Warden

Address, 883 Greenmount Ave. City

Remarks, \_\_\_\_\_

And he is further directed and enjoined that every person who is present at the birth of a child in the City of Baltimore, and who is not a physician or a midwife, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **ALM 401**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th July 1892

4. Place of Birth, (Street and Number) 206 E. Fayette

5. Full Name of Mother, Ruth Ann Kelly

6. Mother's Maiden Name, Myers

7. Mother's Birthplace, Russia

8. Full Name of Father, James H. Kelly

9. Father's Occupation, Police Officer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. J. Chambers

Address, 42 Allamank St.

Remarks, \_\_\_\_\_

And he is further charged and enjoined that every person who is present at the birth of any child in the City of Baltimore, and who is not a physician or a midwife, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

101432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 July 1893

4. Place of Birth, (Street and Number) 101 Central Ave

5. Full Name of Mother, Lotta Bircus

6. Mother's Maiden Name, Miner

7. Mother's Birthplace, Russia

8. Full Name of Father, Israel Bircus

9. Father's Occupation, Wagon-Turner

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Sherman

Address, 22 Allen St

Remarks, \_\_\_\_\_

Section 100. And for the purpose of enforcing the provisions of this section, the Board of Health shall cause to be printed and distributed to every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, a card containing the following information: (1) The name of the person or persons who shall be required to report the birth to the Commissioner of Health, in the manner and within the time period above required, and (2) the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101433

GIVEN NAME ADDED 11-9-56  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Flora Schiff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, 21 July 1893
  4. Place of Birth, (Street and Number) 284 E. Greer St
  5. Full Name of Mother, Lizzie Schiff
  6. Mother's Maiden Name, Kiely
  7. Mother's Birthplace, Russia
  8. Full Name of Father, Isaac Schiff
  9. Father's Occupation, Tailor
  10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman  
Address, 72 Albemarle St  
Remarks, \_\_\_\_\_



GIVEN NAME ADDED 1-16-52

## RETURN OF A BIRTH. A 10404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dora Popker  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 19 July 1893  
4. Place of Birth, (Street and Number) 307 E. Lomb St  
5. Full Name of Mother, Celia Popker  
6. Mother's Maiden Name, Legal  
7. Mother's Birthplace, Russia  
8. Full Name of Father, Joseph Popker  
9. Father's Occupation, tailor  
10. Father's Birthplace, Russia  
Name of Medical Attendant, or other person who makes this Return, E. Sherman  
Address, 72 Ashmun St  
Remarks, \_\_\_\_\_

104435

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30 July 1992

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Belmont

Russia.

Dr. Vahlman

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E. Baker

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101406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...../

1. Sex, (state whether male or female)..... Male  
2. Race or Color, (if not of the white race)..... White  
3. Date of Birth,..... 18 July 1893  
4. Place of Birth, (Street and Number)..... 1012 Ave. N  
5. Full Name of Mother,..... Mrs. Linitzky  
6. Mother's Maiden Name,..... Friedman  
7. Mother's Birthplace,..... Russia  
8. Full Name of Father,..... Mike Linitzky  
9. Father's Occupation,..... Tailor  
10. Father's Birthplace,..... Russia  
Name of Medical Attendant, or other person who makes this Return,..... E. Shuman  
Address,..... 42 Allen St.  
Remarks,.....

RETURN OF A BIRTH. A101407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... Male  
2. Race or Color, (if not of the white race)..... White  
3. Date of Birth,..... 8 July 1893  
4. Place of Birth, (Street and Number)..... 837 Avenue B  
5. Full Name of Mother,..... Rachel Eisenman  
6. Mother's Maiden Name,..... Schneider  
7. Mother's Birthplace,..... Russia  
8. Full Name of Father,..... Louis Eisenman  
9. Father's Occupation,..... Tailor  
10. Father's Birthplace,..... Russia  
Name of Medical Attendant, or other person who makes this Return,..... C. Thompson  
Address,..... 225 Avenue B  
Remarks,.....

22202

RETURN OF A BIRTH

# RETURN OF A BIRTH. **LO1408**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Baltimore under whose charge the birth shall be reported, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH **L01409** To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19<sup>th</sup> 1893

4. Place of Birth, (Street and Number) 206 W. Henrietta St.

5. Full Name of Mother, Mary Cath. Abey

6. Mother's Maiden Name, Washington Lett

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Chas E. Abey

9. Father's Occupation, Produce Dealer

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, Harmon St. Cy Bann

Remarks,

Baltimore order where the birth of a child shall be reported, to be furnished by the Registrar of Births, and shall contain a list of the births which have occurred during the month, and shall set forth the name, sex, color, the full name of the mother, the date and place of birth, the name of the medical attendant, and the name of the person who reports the birth to the Registrar of Births. The Registrar of Births shall also be furnished with a list of the births which have occurred during the month, and shall set forth the name, sex, color, the full name of the mother, the date and place of birth, the name of the medical attendant, and the name of the person who reports the birth to the Registrar of Births. The Registrar of Births shall also be furnished with a list of the births which have occurred during the month, and shall set forth the name, sex, color, the full name of the mother, the date and place of birth, the name of the medical attendant, and the name of the person who reports the birth to the Registrar of Births.



RETURN OF A BIRTH. 4101410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11, 1873
4. Place of Birth, (Street and Number) 11 West Ave
5. Full Name of Mother, Miss Mary Hall
6. Mother's Maiden Name, Miss Mary Merrick
7. Mother's Birthplace, Waltham, Mass
8. Full Name of Father, Thomas W. Hall
9. Father's Occupation, Book Binder
10. Father's Birthplace, Waltham, Mass
- Name of Medical Attendant, or other person who makes this Return, Chas. A. Ferguson
- Address, 1023 1/2 St
- Remarks, None

Register of Births. This schedule shall contain the name and occupation of the person or persons who shall immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Births, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 101411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W. White
3. Date of Birth, July 21, 1891
4. Place of Birth, (Street and Number) 1111 N. Holliday St.
5. Full Name of Mother, Mary Marshall
6. Mother's Maiden Name, Mary Adams
7. Mother's Birthplace, Philadelphia, Pa.
8. Full Name of Father, William Marshall
9. Father's Occupation, Bookbinder
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. J. Smith

Address, 1225 Light St.

Remarks, Baby 1st

RETURN OF A BIRTH. E01412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 19, 1893*
4. Place of Birth, (Street and Number) *300 East 1st + Baltimore*
5. Full Name of Mother, *Mary L. Jones*
6. Mother's Maiden Name, *Mary Placher*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Jones*
9. Father's Occupation, *Chorman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *C. J. Brooks*
- Address, *123 East 1st*
- Remarks, *...*

Wm. J. C. Dulany Co., City Printers and Stationers.

**L01413**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Florence E. Seipp

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).....  
2. Race or Color, (if not of the white race).....  
3. Date of Birth, ..... 1893  
4. Place of Birth, (Street and Number).....  
5. Full Name of Mother,.....  
6. Mother's Maiden Name,.....  
7. Mother's Birthplace,.....  
8. Full Name of Father,.....  
9. Father's Occupation,.....  
10. Father's Birthplace,.....  
Name of Medical Attendant, or other person who makes this Return,.....  
Address,.....  
Remarks,.....

*Name of Medical Attendant,* or other person who makes this Return,

Address, \_\_\_\_\_

Remarks,

RETURN OF A BIRTH. A. L01414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) \_\_\_\_\_  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, \_\_\_\_\_  
4. Place of Birth, (Street and Number) \_\_\_\_\_  
5. Full Name of Mother, \_\_\_\_\_  
6. Mother's Maiden Name, \_\_\_\_\_  
7. Mother's Birthplace, \_\_\_\_\_  
8. Full Name of Father, \_\_\_\_\_  
9. Father's Occupation, \_\_\_\_\_  
10. Father's Birthplace, \_\_\_\_\_  
Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_  
Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_

**L01415**

Baltimore City.



GIVEN NAME ADDED 10-21-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mable Marie ~~Baskly~~  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 13 1893*
4. Place of Birth, (Street and Number) *307 Pleasant St*
5. Full Name of Mother, *Maria Branch*
6. Mother's Maiden Name, *Maria Thompson*
7. Mother's Birthplace, *Small Cal Mich*
8. Full Name of Father, *James Henry Branch*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Porter Ind*
- Name of Medical Attendant, or other person who makes this Return, *Geo Branch*
- Address, *1825 Myrtle St*
- Remarks, *2 years 11 months*

SECTION 7.—And be it further enacted and ordained, that any person practicing midwifery in the City of Baltimore, who shall be charged with the care of a child, and who shall fail to report the birth of such child to the Registrar of Vital Statistics, within the time prescribed by law, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. **L01417**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 July 1893

4. Place of Birth, (Street and Number) 112 1/2 Biddle St.

5. Full Name of Mother, Annie Sharp

6. Mother's Maiden Name, Chapman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George W. Sharkey

9. Father's Occupation, Sail Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. J. Brooks

Address, 1225 E. Pratt St.

Remarks, Very Well

RETURN OF A BIRTH. L01418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) \_\_\_\_\_  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth, \_\_\_\_\_  
 4. Place of Birth, (Street and Number) \_\_\_\_\_  
 5. Full Name of Mother, \_\_\_\_\_  
 6. Mother's Maiden Name, \_\_\_\_\_  
 7. Mother's Birthplace, \_\_\_\_\_  
 8. Full Name of Father, \_\_\_\_\_  
 9. Father's Occupation, \_\_\_\_\_  
 10. Father's Birthplace, \_\_\_\_\_  
 Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_  
 Address, \_\_\_\_\_  
 Remarks, \_\_\_\_\_

# RETURN OF A BIRTH **L01419**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 30<sup>th</sup> 1893

4. Place of Birth, (Street and Number)

722 South Charles St.

5. Full Name of Mother,

Milly Jane Porter

6. Mother's Maiden Name,

Milly Jane Porter

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Thos. Sample

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Unknown

Name of Medical Attendant, or other person who makes this Return.

Margaret Gray

Address,

727 Ricketts Court

Remarks,

Baltimore, under whose charge or supervision the birth occurred, shall enter the same on a blank schedule, and shall set forth as far as the facts known to him, the full name and occupation of the mother, the full name and occupation of the father, the date of birth, the sex, color, and race of the child, the place of birth, and the date of the birth, and shall sign the schedule, and shall deliver it to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

L01420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 27<sup>th</sup> 1893*
4. Place of Birth, (Street and Number) *226 N. Hollington Ave*
5. Full Name of Mother, *Katharine Howard*
6. Mother's Maiden Name, *K. Kochler*
7. Mother's Birthplace, *Baltimore Maryland*
8. Full Name of Father, *James C. Howard*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Dr. John Davis*

Address, *2102 Orleans St*

Remarks, *Natural delivery*

GIVEN NAME ADDED 1-26-55  
 RETURN OF A BIRTH. L01421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Webster Anthony  
 No of Child of Mother, (state whether 1st, 2d, 3d, &c) Second

1. Sex, (state whether male or female) Female.
  2. Race or Color, (if not of the white race) White.
  3. Date of Birth, August 13<sup>th</sup> 1893.
  4. Place of Birth, (Street and Number) 2102. Orleans St.
  5. Full Name of Mother, Maggie Anthony.
  6. Mother's Maiden Name, W. M. Parks.
  7. Mother's Birthplace, Baltimore County, Maryland.
  8. Full Name of Father, Samuel T. Anthony.
  9. Father's Occupation, Confectioner.
  10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Dr. John Davis
- Address, 2102. Orleans St.
- Remarks, Natural delivery.



L01422

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)....

- Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

GIVEN NAME ADDED 10-9-57

Etta Karp

1. Sex, (state whether male or female).....

3. Date of Birth, 28 August 1893

4. *Place of Birth, (Street and Number)*..... 1208 D. J. ...

5. Full Name of Mother, .....

6. Mother's Maiden Name, Emily Smith

7. *Mother's Birthplace*,.....

8. Full Name of Father, Chas. Jones

9. *Father's Occupation*..... *Printer*

10. *Father's Birthplace*, ----- *Beacon* -----

Name of Medical Attendant, or other person who makes this Return

Address, 2201 E. 13th St.

Remarks, .....

**Section 10.** Notwithstanding to what other enactments and ordinances that every person practicing midwifery in the city of New York, shall be subject, he shall be and he is hereby required to keep a register of such births, and shall enter thereon the name of the mother, the date of the birth, the sex, color, the date of birth, the month, and shall set forth the name of the practitioner who has become duly licensed under his or her commission or certificate, and shall also contain a list of the births which have occurred under his or her commission or certificate, and shall be so kept as to be accessible to the public, and shall be retained for a period of one year after the date of birth, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the father of the child, and shall be retained by him for one year and every month to the office of the Commissioner of Health. In case the child is born in the hospital, the attendance of a physician or practitioner of midwifery, or should not other persons of such kind be present at the attendance of the child, he or she, respectively thereafter, it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 August 1882

4. Place of Birth, (Street and Number).....Chapel<sup>1</sup> 918

5. Full Name of Mother, ..... Agnese Flecht

6. Mother's Maiden Name, Agnes Vanik

1. Mother's Birthplace,..... Robinson, Exeter

Full Name of Father, Thami Flakto

4. Father's Occupation..... *hailo*

10. Father's Birthplace, Bohemia, Europe

Name of Medical Attendant, or other person who makes this Return, Alisia Sotomayor

Address,.....1010 Durham St

Remarks, .....

RETURN OF A BIRTH. L01425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female).....male

2. Race or Color, (if not of the white race) Color race

3. Date of Birth, 27 Aug. 1873

4. Place of Birth, (Street and Number) 630 Polomac Street

5. Full Name of Mother, Mary Blake

6. Mother's Maiden Name, Yang Handu

7. Mother's Birthplace, Ann Arbor, Michigan  
8. Full Name of Father, Alex. Blake

8. Full Name of Father, Alex. Blake

9. Father's Occupation..... Brick yard.

10. Father's Birthplace, West Indian

Name of Medical Attendant, or other person who makes this Return, H. Fuzzie Higge  
Address, 626 Potomac St. #4

Address, 626 Polunac Street

Remarks, .....

RETURN OF A BIRTH. L01426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)-

3. Date of Birth, ..... 3/4 Aug

4. Place of Birth, (Street and Number) 149 W. Luzerne St.

5. Full Name of Mother, Catherine Robinson

6. *Mother's Maiden Name,*..... 11 *Greenell*

7. Mother's Birthplace, Balta

8. Full Name of Father, Elias Robinson

9. Father's Occupation..... Street Sweeper

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who prepared this report: Mr. J. L. E.

Address, 241 N. E.

Remarks

# RETURN OF A BIRTH. **L01427**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Mar. 14th 1892*

4. Place of Birth, (Street and Number) *2229. Orleans St.*

5. Full Name of Mother, *Mary Steindle*

6. Mother's Maiden Name, *Mary Smith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Steindle*

9. Father's Occupation, *Police Officer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. John Davis*

Address, *2102. Orleans St.*

Remarks, *Forceps delivery*



RETURN OF A BIRTH. L01428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Aug. 1 - 1893  
4. Place of Birth, (Street and Number) #254 Belmont Park road -  
5. Full Name of Mother, Madie W. Calder  
6. Mother's Maiden Name, " " Rose  
7. Mother's Birthplace, Baltimore, Co. md  
8. Full Name of Father, Joseph W. Calder  
9. Father's Occupation, Painter -  
10. Father's Birthplace, Baltimore City  
Name of Medical Attendant, or other person who makes this Return, R. G. Franklin M.D.  
Address, Waverly Station -  
Remarks,

Health Officer of each city or town shall cause the return of a birth to be made in the manner prescribed in this section, and shall cause the same to be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall cause the same to be published in the Baltimore Sun, or in any other newspaper published in Baltimore City, and shall cause the same to be published in the Baltimore Sun, or in any other newspaper published in Baltimore City, and shall cause the same to be published in the Baltimore Sun, or in any other newspaper published in Baltimore City.

## RETURN OF A BIRTH. L01429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

748

1. Sex, (state whether male or female) *Male and Female*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *August 27th 93.*
  4. Place of Birth, (Street and Number) *1912 W. Chapman.*
  5. Full Name of Mother, *Maggie Puchs*
  6. Mother's Maiden Name, *Maggie Wissee*
  7. Mother's Birthplace, *Germany*
  8. Full Name of Father, *John Puchs*
  9. Father's Occupation, *Laborer*
  10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Charles W. A. Heyn M.D.*
- Address, *1019 W. Caroline St.*
- Remarks, *- - - - -*

**L01430**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 25<sup>th</sup> 1895
4. Place of Birth, (Street and Number) 4100 York road
5. Full Name of Mother, Birdie W. Walker
6. Mother's Maiden Name, Birdie W. Keen
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Samuel S. Walker
9. Father's Occupation, Gracer
10. Father's Birthplace, Harford Co. Md.
- Name of Medical Attendant, or other person who makes this Return, M. C. Hankins, M.D.
- Address, Manorly Station.
- Remarks, \_\_\_\_\_

GIVEN NAME ADDED 3-19-58  
**RETURN OF A BIRTH. L01431**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Nelen Ruth Eisinger*  
 No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *Aug 7-1893*
  4. Place of Birth, (Street and Number) *4305-11th St*
  5. Full Name of Mother, *Bessie Eisinger*
  6. Mother's Maiden Name, *Witzel*
  7. Mother's Birthplace, *Baltimore City*
  8. Full Name of Father, *Leonard P. Eisinger*
  9. Father's Occupation, *Shoe maker*
  10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return, *Dr. H. Rankin M.D.*
- Address, *Waverly Station*
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) ..... female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 4-1893

4. Place of Birth, (Street and Number) 88 1/11 Main Street

5. Full Name of Mother, Elizabeth B. McLean

6. Mother's Maiden Name, " " " Mrs. H. H. H.

7. Mother's Birthplace, Washington, D. C.

8. Full Name of Father, Alasis P. Meehan

9. Father's Occupation, Trickman

10. Father's Birthplace, Heberland Co. Ind.

Name of Medical Attendant, or other person who made this return *Dr. J. P. ...*

Address, *Waverly Station*

Remarks, \_\_\_\_\_

Section 2. And be it further enacted and ordained that every person practicing midwifery, in the City of Baltimore, who shall deliver a child, shall be bound to register such birth, and shall enter the same in the birth record to be furnished by the Commissioner of Health, and shall enter the name of the child, the name can be ascertained the full name of each child, and the name of the parents, the date and place of birth, and the sex, color, the full name of the mother, and the name of the father, and the name of the child, and shall deliver, daily signed by the practitioner, a certificate between the first and third month, and every month to the office of the Commissioner of Health, or, in case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or, in case the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above stated, any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01433**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d White*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 4, 1893*

4. Place of Birth, (Street and Number) *1636 N. Key's Bldg.*

5. Full Name of Mother, *Harrie Taylor*

6. Mother's Maiden Name, *Carrie Wilson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joe Taylor*

9. Father's Occupation, *Hooker - Fireman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. R. Caskey*

Address, *213 E. North St*

Remarks, *Spring Well*



SECTION 2. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who shall enter the same on blank schedule, to be furnished by the City and correct the same, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who shall enter the same on blank schedule, to be furnished by the City and correct the same, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

L01434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex, (state whether male or female) female
  2. Race or Color, (if not of the white race) white
  3. Date of Birth, 21<sup>st</sup> Aug 1893
  4. Place of Birth, (Street and Number) 2124 Orleans Street
  5. Full Name of Mother, Maria Elisabeth Eilemann
  6. Mother's Maiden Name, Maria E. Muth
  7. Mother's Birthplace, Balto
  8. Full Name of Father, James P. Eilemann
  9. Father's Occupation, Mariner
  10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Wm. H. E. Eilemann
- Address, 212 Madison Park Ave.
- Remarks, \_\_\_\_\_

Health Officer, Baltimore City, and the Registrar of Vital Statistics, Baltimore City, shall be held responsible for the accuracy of the information furnished by the person presenting the child for registration. The Health Officer shall be held responsible for the accuracy of the information furnished by the person presenting the child for registration. The Registrar of Vital Statistics shall be held responsible for the accuracy of the information furnished by the person presenting the child for registration.

# RETURN OF A BIRTH.

L01435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August the 19 1893

4. Place of Birth, (Street and Number)

274 Hickory avenue

5. Full Name of Mother

Mary S Bonemaker

6. Mother's Maiden Name

Almany

7. Mother's Birthplace

Harford Co Md

8. Full Name of Father

Frank BoneMaker

9. Father's Occupation

laborer

10. Father's Birthplace

Balt Co Md

Name of Medical Attendant, or other person who makes this Return

Mrs Mary A Martin

Address

2804 Cedar avenue City

Remarks

[illegible]

RETURN OF A BIRTH. A L01436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, *19 of August*

4. Place of Birth, (Street and Number) *223 Brick street*

5. Full Name of Mother, *Laise Dan. Koski*

6. Mother's Maiden Name, *Koski*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Dembrowski*

9. Father's Occupation *Labored*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. J. L. L. L. L.*

Address, *1225 Hance street*

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 August

1. Sex, (state whether male or female)..... Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth,..... 15 August

4. Place of Birth, (Street and Number).....1004 Stark St

5. Full Name of Mother, *Minnie Grady*

6. Mother's Maiden Name, Minnie Blessman

7. Mother's Birthplace,..... Wittenberg, Schumacher

8. Full Name of Father, Mr. Joseph Black

9. Father's Occupation..... *Boatman*

10. *Father's Birthplace.* Hessen, Will

Name of Medical Attendant, or other person who makes this Return, Miss H. C. Hall

Address, ..... 8005 Landerburg Rd

Remarks, .....

RETURN OF A BIRTH. L01438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1 2

1. Sex, (state whether male or female) *female*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *11 August*  
4. Place of Birth, (Street and Number) *Barney Street, No. 1*  
5. Full Name of Mother, *Katharine Schuler*  
6. Mother's Maiden Name, *" Becker*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Carl Schuler*  
9. Father's Occupation, *Butcher*  
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, .....

Address, .....

Remarks, .....

RETURN OF A BIRTH. AL01439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 18, 1890

4. Place of Birth, (Street and Number)..... *Coast Street No 13-34*

5. Full Name of Mother, *Madame G. L.*

6. Mother's Maiden Name, Margaret M.

7. Mother's Birthplace,.....

8. Full Name of Father, John Lee

9. Father's Occupation..... *General family*  
*ireland*

10. Father's Birthplace, Labrador

Name of Medical Attendant, or other person who makes this Return, *Mrs. S. E. M.*

Address, Sp 19-23 M. P. - 2

Remarks, .....



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) 8 no blood of color

3. Date of Birth, 1722

4. Place of Birth, (Street and Number) 1722

5. Full Name of Mother, Juli

6. Mother's Maiden Name, Plasch

7. Mother's Birthplace, Germany

8. Full Name of Father, Stanislaw Jan

9. Father's Occupation, Chemist

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Miss P. Lissman

Address, 1225

Remarks, 1225

RETURN OF A BIRTH. A L01441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)... male

2. Race or Color, (if not of the white race)...

3. *Date of Birth*, ..... 6 of August

4. *Place of Birth, (Street and Number)* - 811. ✓

5. Full Name of Mother,..... Charles Roschinsky

6. *Mother's Maiden Name*, Reparsten

7. Mother's Birthplace, Germany

8. Full Name of Father, James W. Koschinski

9. *Father's Occupation*.....

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Miss D. Jones

Address, 1285 Clancy Street

Remarks, .....

RETURN OF A BIRTH. A L01442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female). Male

2. *Race or Color, (if not of the white race).*

3. Date of Birth, August 3<sup>rd</sup> 1899

4. Place of Birth, (Street and Number) *San Antonio City 1162 N. Victoria St.*

5. Full Name of Mother, Alice Schenarick

6. Mother's Maiden Name, Abigail Killare

1. Mother's Birthplace, Baltimore City, Maryland

8. Full Name of Father, Louis Schmirke

9. Father's Occupation..... Brass Worker

10. Father's Birthplace, Baltimore City  
Name of Medical Attendant, Dr. J. H. Smith

Name of Medical Attendant, or other person who makes this Return, Abner M. Shapley

Address, 723 Cambridge St.

Remarks, .....



RETURN OF A BIRTH: A L01444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race).....Poland

3. Date of Birth, Aug 28. 1873.

4. Place of Birth, (Street and Number)..... 714 1/2 Spoken St

5. Full Name of Mother, Anna L. Loring

6. Mother's Maiden Name, B. Summers

7. Mother's Birthplace, St. John's, N. B.

8. Full Name of Father, John A. Smith

10. *Father's Birthplace*.....

Name of Medical Attendant or other person who \_\_\_\_\_

Address.....

Remarks \_\_\_\_\_

=====

Section 1. And be it further enacted, that every person, residing in the city of Baltimore, who is in attendance upon a child, shall be liable to the penalty provided in the said act, if he or she shall fail to report the birth of such child to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH A101445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *White 1*
1. Sex. (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 27*
4. Place of Birth, (Street and Number) *673 - Larue St*
5. Full Name of Mother, *Lizzie Keal*
6. Mother's Maiden Name, *Lizzie Prints*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Keal*
9. Father's Occupation, *in near*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Donley 1635 Walsh*
- Address, *St*
- Remarks, *DeVon*





RETURN OF A BIRTH. L01447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female)... *Female*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 2, 1917

4. Place of Birth, (Street and Number). 213 Myrtle Ave

5. Full Name of Mother, Julia Garrison

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

### 9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return. J. W. James

Address, 622 W. Lombard st.

Remarks,

Matrimony under whose character registered, and ordained that every person practicing midwifery in the county of New York, shall hereafter take place, shall keep a true and correct book, in which he or she shall enter the same on blank paper, in the following manner, to wit: That he or she shall enter in a list of the births which have occurred in the county, by the Commissioner of Health, and shall set forth as far as he or she can ascertain, the date and time of the birth, the sex, color, the full name and name of the parents, the date and place of birth, and the third day of the birth, and shall be delivered, duly signed by the practitioner of the midwifery, a certificate between the first and third day of the birth, of the date and time of the birth, and the date and place of birth, and shall occur without the attendance of a physician or practitioner of midwifery, or in the case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in the case the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above stated, in any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be, and is hereby, subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A L01448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... male  
2. Race or Color, (if not of the white race)..... colored  
3. Date of Birth,..... 21 August 1893  
4. Place of Birth, (Street and Number)..... 553 Cypress Street  
5. Full Name of Mother,..... Ida Kent  
6. Mother's Maiden Name,..... Ida Paterson  
7. Mother's Birthplace,..... Baltimore City, Md.  
8. Full Name of Father,..... Henry Kent  
9. Father's Occupation..... Laborer  
10. Father's Birthplace,..... St. Mary's County, Md.  
Name of Medical Attendant, or other person who makes this Report.....

Address, .....

Remarks, *None, nor any*

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A L01449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. *Date of Birth*, .....

4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother, .....

6. *Mother's Maiden Name,* .....

7. *Mother's Birthplace*, .....

8. Full Name of Father, .....

9. *Father's Occupation* .....

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return, .....

Address, .....

Remarks, .....

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. AL01450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 August 1893

4. Place of Birth, (Street and Number) 410 Chapel St

5. Full Name of Mother, Mrs. Bredsel

6. Mother's Maiden Name, Mabel Pederson

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, Jan Bredsel

9. Father's Occupation, *Teacher*

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 1913 Eastern av

Remarks,

And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the provisions of the Act in that behalf made, shall keep a list of the births which he or she has attended, in the form of a schedule, to be furnished by the City of Baltimore, and shall keep the same in his or her office, and shall be subject to the inspection of the Registrar of Births and Deaths, who may at any time require to see the same, and if he or she shall be found to have failed to keep the same, or if he or she shall be found to have falsified the same, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *919 part 4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Color race*
3. Date of Birth, *Aug 30 1893 baby Birth at 5.30 PM*
4. Place of Birth, (Street and Number) *birth 2918 part 4th Balto. Md*
5. Full Name of Mother, *Mary B. Wilson*
6. Mother's Maiden Name, *Mary B. Norris*
7. Mother's Birthplace, *Fredric City, Md.*
8. Full Name of Father, *John Wilson*
9. Father's Occupation, *John Wilson occupation Rail. R.*
10. Father's Birthplace, *John Wilson birthplace Pittsy Cga*
- Name of Medical Attendant, or other person who makes this Return, *Mariah Wright*
- Address, *1018 wolf street*
- Remarks,



SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall enter the same on a blank schedule to be provided by the Health Department, and shall set forth as far as the same can be ascertained, the date, hour, place, and name of the child, the sex, color, the full name and occupation of its mother, the name and occupation of the practitioner, the date and place of birth, and the day of each and every month in which a birth shall occur without the attendance of a physician, and shall report its birth to the Commissioner of Health, immediately thereafter, or should no other person of such child be reported, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 29 1893

4. Place of Birth, (Street and Number) N. Calington Ave

5. Full Name of Mother, Katie Deverand

6. Mother's Maiden Name, Kochler

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James C. Deverand

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Danahy

Address, 2024 E Pratt St

Remarks, So far well

SECTION 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed practitioner of medicine, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Aug 29 93*
4. Place of Birth, (Street and Number) *644 E. Biddle St*
5. Full Name of Mother, *Mathilda Thoman*
6. Mother's Maiden Name, *Do*
7. Mother's Birthplace, *Switzerland*
8. Full Name of Father, *August Thoman*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *France*
- Name of Medical Attendant, or other person who makes this Return, *Barling Miller*
- Address, *1620 Madison St*
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. L01454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 August 1873

4. Place of Birth, (Street and Number) 2918 Essex St

5. Full Name of Mother, Josephine Mulhern

6. Mother's Maiden Name, Josephine Bollen

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Jan Mulhern

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 1713 Eastern Av

Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose name and authority a birth has been recorded, shall keep a true and correct list of the births which have occurred under his or her name, and shall set forth in said list the full name and occupation of the mother, the date and place of birth, and the sex, color, and race of the child, and shall report the same to the Office of the Registrar of Vital Statistics, Board of Health, on or before the third day of each month, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Registrar of Vital Statistics, Board of Health, on or before the third day of each month, and shall be subject to the examination and approval of the Registrar of Vital Statistics, Board of Health, and shall be subject to the penalty of a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1-2

# RETURN OF A BIRTH. L01455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 27<sup>th</sup> 1893

4. Place of Birth, (Street and Number) No 9016 Gradenhall St

5. Full Name of Mother, Lolly Kinsley

6. Mother's Maiden Name, Lolly Sherlock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Kinsley

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 13<sup>th</sup> St

Remarks, \_\_\_\_\_

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A** L01456  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 27/1893

4. Place of Birth, (Street and Number) Baltimore 4358 Paris St

5. Full Name of Mother, Emma J. Demerski

6. Mother's Maiden Name, Augusta Kier

7. Mother's Birthplace, Prussia

8. Full Name of Father, William Demerski

9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, Wm. J. G. Goring

Address, 214 N. Howard St. Baltimore

Remarks, Healthy and well

Not to be filled out by the Registrar of Vital Statistics, Board of Health, Baltimore City. This certificate is to be filled out by the attending midwife, in the City of Baltimore, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within one month after the birth of the child. It shall be the duty of the attending midwife to see that the certificate is filled out correctly, and that it is filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within one month after the birth of the child. If any person or persons fail to comply with the provisions of this section, they shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH L01457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*
  2. Race or Color, (if not of the white race) *Colored*
  3. Date of Birth, *August 27 1893*
  4. Place of Birth, (Street and Number) *113 Ward 1*
  5. Full Name of Mother, *Fetty Tinner*
  6. Mother's Maiden Name, *Fetty White*
  7. Mother's Birthplace, *Oxford*
  8. Full Name of Father, *Charles White*
  9. Father's Occupation, *Labourer*
  10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return *Marrah Jan. Wilson*
- Address, *No 124 West Thurgate*
- Remarks, *full 9 months*



# RETURN OF A BIRTH. **L01458**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 28 1893

4. Place of Birth, (Street and Number) No 311 Collington Ave

5. Full Name of Mother, Mary Hitch

6. Mother's Maiden Name, Hambury

7. Mother's Birthplace, Tecumseh County Ind

8. Full Name of Father, Henry Hitch

9. Father's Occupation, Collector

10. Father's Birthplace, Tecumseh County Ind

Name of Medical Attendant, or other person who makes this Return, Sarah J Harrington

Address, No 927 Bimney St

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth*,...

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, \_\_\_\_\_

*Address, .*

Remarks,

Practitioner of medicine or surgery, or midwife, who shall neglect to keep a true and correct register of such births, and shall enter the name of the child, the sex, color, date of birth, and the name of the mother, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 28 August

4. Place of Birth, (Street and Number) 1415 E. Pratt St.

5. Full Name of Mother, \_\_\_\_\_

6. Mother's Maiden Name, Male Beskin

7. Mother's Birthplace, Europe

8. Full Name of Father, Isaac Beskin

9. Father's Occupation, Europe

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, Simon Flannery

Address, 1104 E. Pratt St.

Remarks, \_\_\_\_\_

Baltimore under whose charge or superintendence births shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the sex, race or color, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, the address, and the date of birth, and shall forward the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the person who shall be present at the birth, or the person who shall be present at the birth of any child, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 26th 1893

4. Place of Birth, (Street and Number) Lansdowne Lansdowne Balt. County

5. Full Name of Mother, Mrs Dina Weber

6. Mother's Maiden Name, Mrs Dina Linder

7. Mother's Birthplace, Europe

8. Full Name of Father, Mrs William Weber

9. Father's Occupation, Baker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Geo K. Kuegel

Address, No 2026 E. Fayette B Md

Remarks, \_\_\_\_\_



CORRECTED BY Baptismal Record  
SEE DOCUMENT FILE NO. 91462  
DATE 1/30/43 M. A. Golden  
CLERK

Birth record under whose charge or supervision a birth shall hereafter be registered, and the person who shall be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the name and occupation of the physician or practitioner of midwifery or other person who shall become the duty of the person or persons in the manner and within the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, July 1st 1893
  4. Place of Birth, (Street and Number) Baltimore E. Fayette St. 2812
  5. Full Name of Mother, Mrs. Mary M. Hartlow
  6. Mother's Maiden Name, Mrs. Mary M. Myers
  7. Mother's Birthplace, Baltimore
  8. Full Name of Father, Mr. Emory G. Hartlow
  9. Father's Occupation, Bricklayer
  10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. Jera. Kueger
- Address, No 2021 E. Fayette St.
- Remarks, \_\_\_\_\_



Sec. 1007. - And he or she further certified and attested, that the foregoing information was given to him or her by the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 10-29-56  
RETURN OF A BIRTH. L01464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martin William Wagner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, Aug 11, 1893
  4. Place of Birth, (Street and Number) Baltimore E. Fayette St. 4-2310
  5. Full Name of Mother, Mrs. Florence Wagner
  6. Mother's Maiden Name, Mrs. Florence Groves
  7. Mother's Birthplace, Baltimore
  8. Full Name of Father, Mr. Martin Wagner
  9. Father's Occupation, Printer
  10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. Jera Kneeger
- Address, No 2026 E. Fayette St.
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Birth Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH. A. 101465

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 18th 1893
4. Place of Birth (Street and Number) 105 E. Randall St
5. Full Name of Mother Mary Heck
6. Mother's Maiden Name Meyerly
7. Mother's Birthplace Baltimore Co, Md
8. Full Name of Father Chas. W. Heck
9. Father's Occupation Car Carrier
10. Father's Birthplace Baltimore, City
- Name of Medical Attendant, or other Person who makes this Return. DeLauncy & Barclay M.D.
- Address 108 W. Conway St
- Remarks

RETURN OF A BIRTH

TO THE OFFICE OF REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH, BALTIMORE CITY.

Any person who neglects or refuses to file a true and correct return of a birth as required by this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, Aug. 25 - 1893

4. Place of Birth, (Street and Number) 319 E. Beethel St.

5. Full Name of Mother, Kate Vanderberry

6. Mother's Maiden Name, Cunningham

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Vanderberry

9. Father's Occupation, Laborer

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, (other person who makes the return) Mary Stein

Address, 1427 E Pratt St

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. A 101467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3rd

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race).....white

3. *Date of Birth.*.....August 12, 1893.

4. Place of Birth, (Street and Number) 263 N. Exeter st

5. Full Name of Mother, Jessie Thimack

6. Mother's Maiden Name, Elizabeth

7. Mother's Birthplace..... *Eunass.*

8. Full Name of Father: Isaac Poling

9. *Father's Occupation* \_\_\_\_\_

10. *Father's Birthplace* The 11th Nov 1911

Name of Medical Attendant or other person who W. S. St.

of person who makes this Return, Wm. C. Sturges

Address.....122 D. Exeter st

Remarks, .....

## RETURN OF A BIRTH. L01468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male  
2. Race or Color, (if not of the white race)..... White  
3. Date of Birth,..... Aug 7<sup>th</sup> 1892  
4. Place of Birth, (Street and Number)..... March, 1892  
5. Full Name of Mother,..... Gertrude R. Guppy  
6. Mother's Maiden Name,..... Harrison  
7. Mother's Birthplace,..... Maryland  
8. Full Name of Father,..... J. B. Guppy  
9. Father's Occupation,..... Gardener  
10. Father's Birthplace,..... England  
Name of Medical Attendant, or other person who makes this Return,..... Elizabeth H. Smith  
Address,..... Garfield Sta  
Remarks,.....

# RETURN OF A BIRTH. **A** L01469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *female*
  2. Race or Color, (if not of the white race) *white*
  3. Date of Birth, *Aug. 6, 1893*
  4. Place of Birth, (Street and Number) *218 E. Pratt str*
  5. Full Name of Mother, *Lina Sklar*
  6. Mother's Maiden Name, \_\_\_\_\_
  7. Mother's Birthplace, *Europe*
  8. Full Name of Father, *Abel Sklar*
  9. Father's Occupation, \_\_\_\_\_
  10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return, *Mrs C. Steiner*
- Address, *122 S. Exeter str*
- Remarks, \_\_\_\_\_



Every birth certificate shall contain a list of the births which have taken place during the month, and shall be signed by the Registrar, or by a physician or practitioner of midwifery, or by a person who shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

LO1470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 31/93

4. Place of Birth, (Street and Number) 115. N. Castle St.

5. Full Name of Mother, Mina Miller

6. Mother's Maiden Name, Friedel

7. Mother's Birthplace, Balto

8. Full Name of Father, Andrew Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 101471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 31

4. Place of Birth, (Street and Number) Portally 636

5. Full Name of Mother, Bessie B. B. B.

6. Mother's Maiden Name, Anne Schell

7. Mother's Birthplace, Germany  
Germany

8. Full Name of Father, Mike Beilin

9. Father's Occupation..... Basket Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mr. J. S. [illegible]

Address, 409 South R

Remarks, .....

# RETURN OF A BIRTH

L01472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) Col

3. Date of Birth, 25 August

4. Place of Birth, (Street and Number) 817 Mockholin St

5. Full Name of Mother, Jennie Thomas

6. Mother's Maiden Name, Jennie Powell

7. Mother's Birthplace, Balt

8. Full Name of Father, Edward Thomas

9. Father's Occupation, Porter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Thacie Harris

Address, 818 Mockholin St

Remarks,

RETURN OF A BIRTH L01473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 6

1. Sex, (state whether male or female) Cat

2. Race or Color, (if not of the white race)\_\_\_\_\_

# RETURN OF A BIRTH. **A** L01474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 24 1898*
4. Place of Birth, (Street and Number) *Crook Street 4001*
5. Full Name of Mother, *Mary Elisabeth Canaff*
6. Mother's Maiden Name, *Adams*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *George J. Canaff*
9. Father's Occupation, *Father*
10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other person who makes this Return,

Address, *Charles Lind 545*

Remarks, *Healthy at Baltimore*

RETURN OF A BIRTH. A 101475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> child

1. Sex, (state whether male or female)..... Knobbe

2. Race or Color, (if not of the white race) .....

3. Date of Birth, 29 August

4. Place of Birth, (Street and Number) 831 Highland Avenue St

5. Full Name of Mother, .....

6. Mother's Maiden Name, Anna Kib...

7. Mother's Birthplace,..... *Carroll Co*

8. Full Name of Father, C. Louis Robinson

9. Father's Occupation..... *Technical worker*

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return,.....

Address, Linn Handel

Remarks, 1104 P. 1200 1210 1220 1230 1240 1250 1300 1310 1320 1330 1340 1350 1400 1410 1420 1430 1440 1450 1500 1510 1520 1530 1540 1550 1600 1610 1620 1630 1640 1650 1700 1710 1720 1730 1740 1750 1800 1810 1820 1830 1840 1850 1900 1910 1920 1930 1940 1950 2000 2010 2020 2030 2040 2050 2100 2110 2120 2130 2140 2150 2200 2210 2220 2230 2240 2250 2300 2310 2320 2330 2340 2350 2400 2410 2420 2430 2440 2450 2500 2510 2520 2530 2540 2550 2600 2610 2620 2630 2640 2650 2700 2710 2720 2730 2740 2750 2800 2810 2820 2830 2840 2850 2900 2910 2920 2930 2940 2950 3000 3010 3020 3030 3040 3050 3100 3110 3120 3130 3140 3150 3200 3210 3220 3230 3240 3250 3300 3310 3320 3330 3340 3350 3400 3410 3420 3430 3440 3450 3500 3510 3520 3530 3540 3550 3600 3610 3620 3630 3640 3650 3700 3710 3720 3730 3740 3750 3800 3810 3820 3830 3840 3850 3900 3910 3920 3930 3940 3950 4000 4010 4020 4030 4040 4050 4100 4110 4120 4130 4140 4150 4200 4210 4220 4230 4240 4250 4300 4310 4320 4330 4340 4350 4400 4410 4420 4430 4440 4450 4500 4510 4520 4530 4540 4550 4600 4610 4620 4630 4640 4650 4700 4710 4720 4730 4740 4750 4800 4810 4820 4830 4840 4850 4900 4910 4920 4930 4940 4950 5000 5010 5020 5030 5040 5050 5100 5110 5120 5130 5140 5150 5200 5210 5220 5230 5240 5250 5300 5310 5320 5330 5340 5350 5400 5410 5420 5430 5440 5450 5500 5510 5520 5530 5540 5550 5600 5610 5620 5630 5640 5650 5700 5710 5720 5730 5740 5750 5800 5810 5820 5830 5840 5850 5900 5910 5920 5930 5940 5950 6000 6010 6020 6030 6040 6050 6100 6110 6120 6130 6140 6150 6200 6210 6220 6230 6240 6250 6300 6310 6320 6330 6340 6350 6400 6410 6420 6430 6440 6450 6500 6510 6520 6530 6540 6550 6600 6610 6620 6630 6640 6650 6700 6710 6720 6730 6740 6750 6800 6810 6820 6830 6840 6850 6900 6910 6920 6930 6940 6950 7000 7010 7020 7030 7040 7050 7100 7110 7120 7130 7140 7150 7200 7210 7220 7230 7240 7250 7300 7310 7320 7330 7340 7350 7400 7410 7420 7430 7440 7450 7500 7510 7520 7530 7540 7550 7600 7610 7620 7630 7640 7650 7700 7710 7720 7730 7740 7750 7800 7810 7820 7830 7840 7850 7900 7910 7920 7930 7940 7950 8000 8010 8020 8030 8040 8050 8100 8110 8120 8130 8140 8150 8200 8210 8220 8230 8240 8250 8300 8310 8320 8330 8340 8350 8400 8410 8420 8430 8440 8450 8500 8510 8520 8530 8540 8550 8600 8610 8620 8630 8640 8650 8700 8710 8720 8730 8740 8750 8800 8810 8820 8830 8840 8850 8900 8910 8920 8930 8940 8950 9000 9010 9020 9030 9040 9050 9100 9110 9120 9130 9140 9150 9200 9210 9220 9230 9240 9250 9300 9310 9320 9330 9340 9350 9400 9410 9420 9430 9440 9450 9500 9510 9520 9530 9540 9550 9600 9610 9620 9630 9640 9650 9700 9710 9720 9730 9740 9750 9800 9810 9820 9830 9840 9850 9900 9910 9920 9930 9940 9950 10000 10010 10020 10030 10040 10050 10100 10110 10120 10130 10140 10150 10200 10210 10220 10230 10240 10250 10300 10310 10320 10330 10340 10350 10400 10410 10420 10430 10440 10450 10500 10510 10520 10530 10540 10550 10600 10610 10620 10630 10640 10650 10700 10710 10720 10730 10740 10750 10800 10810 10820 10830 10840 10850 10900 10910 10920 10930 10940 10950 11000 11010 11020 11030 11040 11050 11100 11110 11120 11130 11140 11150 11200 11210 11220 11230 11240 11250 11300 11310 11320 11330 11340 11350 11400 11410 11420 11430 11440 11450 11500 11510 11520 11530 11540 11550 11600 11610 11620 11630 11640 11650 11700 11710 11720 11730 11740 11750 11800 11810 11820 11830 11840 11850 11900 11910 11920 11930 11940 11950 12000 12010 12020 12030 12040 12050 12100 12110 12120 12130 12140 12150 12200 12210 12220 12230 12240 12250 12300 12310 12320 12330 12340 12350 12400 12410 12420 12430 12440 12450 12500 12510 12520 12530 12540 12550 12600 12610 12620 12630 12640 12650 12700 12710 12720 12730 12740 12750 12800 12810 12820 12830 12840 12850 12900 12910 12920 12930 12940 12950 13000 13010 13020 13030 13040 13050 13100 13110 13120 13130 13140 13150 13200 13210 13220 13230 13240 13250 13300 13310 13320 13330 13340 13350 13400 13410 13420 13430 13440 13450 13500 13510 13520 13530 13540 13550 13600 13610 13620 13630 13640 13650 13700 13710 13720 13730 13740 13750 13800 13810 13820 13830 13840 13850 13900 13910 13920 13930 13940 13950 1400



# RETURN OF A BIRTH. L01476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *V*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21 August*

4. Place of Birth, (Street and Number) *1820 Butler St*

5. Full Name of Mother, *Rosa Luehla*

6. Mother's Maiden Name, *Rosa Kovarik*

7. Mother's Birthplace, *Lhota Bohmen*

8. Full Name of Father, *Karel Luehla*

9. Father's Occupation, *Schneider*

10. Father's Birthplace, *Lohelitz Bohmen*

Name of Medical Attendant, or other person who makes this Return, *Alaisia Svatora*

Address, *1040 Durham St Baltimore*

Remarks, \_\_\_\_\_

[illegible]

RETURN OF A BIRTH. AL01477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... //

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, ..... Aug. 19, 1913

4. Place of Birth, (Street and Number) 2228 Mc Gidder St

5. Full Name of Mother, Margarette Schult

6. Mother's Maiden Name, Beim

6. Mother's Birthplace, .....

8. Full Name of Father, John Schumacher

4. Father's Occupation..... Butcher

9. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, .....

Address, Mr. O. I.

Remarks, 1733. November  
26-28

SECTION 2. And be it further enacted and ordained, that every person who shall be in attendance upon the birth of a child, shall be furnished by the Commissioner of Health, with a blank schedule, to be filled out and returned to him, within the hour following the birth of the child, containing the full name and occupation of the mother, the date and place of birth, and the sex of the child, and the name and occupation of the physician or practitioner of midwifery, who shall be in attendance upon the birth of the child, and the name and occupation of the person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending, to comply with the provisions of this section, and to sign and forward the same to the Commissioner of Health, who shall be liable to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. <sup>A</sup> 101478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19, 1895
4. Place of Birth, (Street and Number) 1107 E. Pratt St.
5. Full Name of Mother, Bessie C. Hartman
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Hartman
9. Father's Occupation, Engineer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, L. M. H. H. H.
- Address, 1107 E. Pratt St.
- Remarks, 1107 E. Pratt St.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race).....

3. *Date of Birth*, ..... Feb 16 - 1893

4. *Place of Birth, (Street and Number)* 2844 Emerson St

5. Full Name of Mother, Adeline F. Baird

6. *Mother's Maiden Name,* Adeline E. Ball

7. *Mother's Birthplace*,.....

8. Full Name of Father, John McElroy Mather

9. Father's Occupation, *Shoe maker*

10. *Father's Birthplace,*.....*Baltimore*

Name of Medical Attendant, or other person who makes this Return, Charmaine B. Jones

Address, 2897 F. Avenue N.E.

Remarks, .....

Practitioner of Health, who shall enter the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parent, and the date of its birth, and shall set forth as far as the facts may require, the name of the medical attendant upon the mother, immediately thereafter, it shall be the duty of the practitioner of Health, in the manner and within the time hereinafter provided, to report its birth to the Commissioner of Health, and to the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Sept 1904

4. Place of Birth, (Street and Number) 1111 N. 1st St

5. Full Name of Mother, Mrs. J. J. J. J. J.

6. Mother's Maiden Name, J. J. J. J. J.

7. Mother's Birthplace, Europe

8. Full Name of Father, John J. J. J. J.

9. Father's Occupation, Engineer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Dr. J. J. J. J. J.

Address, 1111 N. 1st St

Remarks, 1111 N. 1st St

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race).....*White*

3. *Date of Birth,* ..... Aug. 26, 1871 .....

4. Place of Birth, (Street and Number) ..... 515 - ...

5. Full Name of Mother, Harold E. Hill

6. Mother's Maiden Name, Harriet E. [unclear]

7. Mother's Birthplace, Lucy Polignac, France

8. Full Name of Father, George Anthony

9. Father's Occupation, Farmer

10. *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return.

Address,..... 2845 Fairview Ave

Remarks, .....



# RETURN OF A BIRTH

L01482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Light Brown*
3. Date of Birth, *August 9 1893*
4. Place of Birth, (Street and Number) *1012 North Wolfe St Balto*
5. Full Name of Mother, *Mary L Travers*
6. Mother's Maiden Name, *Mary L Travers*
7. Mother's Birthplace, *Saint Mary's county*
8. Full Name of Father, *Thomas Jefferson Coleman*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, *Anna forest 715 N durham St*

GIVEN NAME ADDED: 11-21-56

101493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Estella Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Small

2. Race or Color, (if not of the white race).

M. L.

3. *Date of Birth,*

~~July~~ Aug 10<sup>th</sup> 1893

4. *Place of Birth, (Street and Number)..*

B. H. No. Castle St No. 607

5. *Full Name of Mother,*

Miss Ida C. Smith

6. *Mother's Maiden Name,*

Mrs Ida C. Crisb

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*...

Mr. Robert L. Smith

9. *Father's Occupation.*

Carpen Ter

10. *Father's Birthplace,*

Baltimore

*Name of Medical Attendant,* or other person who makes this Return,--

Mrs. F. A. Kneen

Address,

Takes this Return, Wm. Jacob Kne  
No 2026 E. Fayette St

Remarks,

Wm. J. C. Dufany Co., City Printers and Stationers

# RETURN OF A BIRTH L01484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 4th 1893

4. Place of Birth, (Street and Number) 1220 E. Biddle St

5. Full Name of Mother, Gertrude Mason

6. Mother's Maiden Name, Sachs

7. Mother's Birthplace, Balto

8. Full Name of Father, W. B. Mason

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 101485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*...

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 101486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 28th '93

4. *Place of Birth, (Street and Number).* 1705 E Lanvale

5. Full Name of Mother, Mary Crutt

6. Mother's Maiden Name, Brittain

7. Mother's Birthplace, .....

8. Full Name of Father, Roland Coult

9. Father's Occupation, Baker

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return, Mr. B. Bellows

Address, 1206 E. Boston

Remarks, .....

GIVEN NAME ADDED 10-4-56  
 RETURN OF A BIRTH. L01487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Ethelyn Turner Piercy*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th*

1. Sex, (state whether male or female) *female*
  2. Race or Color, (if not of the white race) *white*
  3. Date of Birth, *Aug 6th 1893*
  4. Place of Birth, (Street and Number) *1203 E. Proctor St.*
  5. Full Name of Mother, *Mary Piercy*
  6. Mother's Maiden Name, *Holmes*
  7. Mother's Birthplace, *Balti*
  8. Full Name of Father, *J. M. Piercy*
  9. Father's Occupation, *Police*
  10. Father's Birthplace, *Balti*
- Name of Medical Attendant, or other person who makes this Return, *M. B. Billingsley*
- Address, *1206 E. Proctor*
- Remarks,



# CERTIFICATE AMENDED

11-18-65

## RETURN OF A BIRTH.

LO 1488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Genevieve Stibel

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Gemalw

2. Race or Color, (if not of the white race)

white

3. *Date of Birth*

Aug 31st. 1893

4. *Place of Birth, (Street and Number)*

837 Ainsworth St.

5. *Full Name of Mother,*

Mollie B. Strides

5. *Mother's Maiden Name,*

Mother B. Phillips

7. *Mother's Birthplace,*

Baltimore Md

8. *Full Name of Father,*

John F. Sturges

1. *Father's Occupation,*

Cherish

10. *Father's Birthplace,*

Baltimore, Md

*Name of Medical Attendant,* or other person who makes this Return,

William Brinton M.D.

*Address.*

S.W. cor. Calvert & Preston Str.

Remarks,

Any person who shall neglect to file a true and correct copy of the birth certificate of any child born in this city, or who shall file a false or incorrect copy, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

LD1489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 11, 1893 Baltimore

4. Place of Birth, (Street and Number)

Baltimore Montford Ave. N. 143

5. Full Name of Mother,

Mrs. Helen Sherman

6. Mother's Maiden Name,

Mrs. Helen Sherman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. George Sherman

9. Father's Occupation,

Cook

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return,

Mrs. J. A. K. Meyer

Address,

No. 2026 E. Fayette St.

Remarks,

# RETURN OF A BIRTH. L01490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 1893

4. Place of Birth, (Street and Number) Balt. Fairmount Ave. No. 2000

5. Full Name of Mother, Mrs. Mary Lang

6. Mother's Maiden Name, Mrs. Mary Wilson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. William Lang

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J. A. Kneiger

Address, No. 2026 E. Fayette St.

Remarks,

Health. If the child is born dead, the name of the child shall be recorded under the name of the mother, and shall set forth as far as the same can be ascertained, the date and place of birth, the name of the mother, the name of the father, the name of the medical attendant, and the name of the person who makes this return. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, the mother shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and shall set forth as far as the same can be ascertained, the date and place of birth, the name of the mother, the name of the father, the name of the medical attendant, and the name of the person who makes this return. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, the mother shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and shall set forth as far as the same can be ascertained, the date and place of birth, the name of the mother, the name of the father, the name of the medical attendant, and the name of the person who makes this return.

# RETURN OF A BIRTH.

101491

To the Office of Registrar of Vital Statistics, Board of Health.

Name: *Elsie Belle GRINER* **BALTIMORE CITY.** **GIVEN NAME ADDED 3-16-64**

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th*
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *Aug. 22<sup>d</sup> 1893*
- Place of Birth (Street and Number) *679 N. Barre St*
- Full Name of Mother *Edith V. Griner*
- Mother's Maiden Name *Donnelly*
- Mother's Birthplace *Dorchester N.J.*
- Full Name of Father *Chas. P. Griner*
- Father's Occupation *Glass Worker*
- Father's Birthplace *Watersford N.J.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Laurence Barclay M.D.*
- Address *108 N. Conway St*
- Remarks

LOT 492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, 25 August

4. Place of Birth, (Street and Number) *Foster Avenue 2504*

5. Full Name of Mother, Tony Cech

6. Mother's Maiden Name, Jimmy J. Sarocová

7. Mother's Birthplace, B. Böhmen

8. Full Name of Father, Frank Cook

9. Father's Occupation.....carpenter

10. *Father's Birthplace*, ..... *Böhmien*

*Name of Medical Attendant,* or other person who makes this Return.

Address, Marie Brett

Remarks, *S. Bond Str. 838*

# RETURN OF A BIRTH. L01493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Kind

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Vaj

3. Date of Birth, Sept 26 1902

4. Place of Birth, (Street and Number) Justina Knapik

5. Full Name of Mother, Justina Poliak

6. Mother's Maiden Name, Osteraich

7. Mother's Birthplace, Josef Knapik

8. Full Name of Father, arbaiz

9. Father's Occupation, Osteraich

10. Father's Birthplace, Marie Press

Name of Medical Attendant, or other person who makes this Return, J. Bond Str. 838

Address, J. Bond Str. 838

Remarks, J. Bond Str. 838

# RETURN OF A BIRTH. **L01494**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kindr

1. Sex, (state whether male or female) Pup

2. Race or Color, (if not of the white race) Naji

3. Date of Birth, 3rd August

4. Place of Birth, (Street and Number) S. Dallas str.

5. Full Name of Mother, Lixie As. Nis

6. Mother's Maiden Name, Lixie Straube

7. Mother's Birthplace, Md. Baltimore

8. Full Name of Father, Johan Nis

9. Father's Occupation, carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Prall

Address, S. Bond str. 338

Remarks, \_\_\_\_\_

Persons who are required to report the birth of a child, shall keep a true and correct record of the same, and shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in this schedule. This schedule shall contain the name and occupation of the mother, the name and occupation of the father, the date of birth, the sex, the race or color, the place of birth, the place of residence, the name of the medical attendant, and the name of the person who makes this return. Any person who fails to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



# RETURN OF A BIRTH. 101495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Paul Joseph Pisarcik*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18th August*

4. Place of Birth, (Street and Number) *S. Caroline St. 719*

5. Full Name of Mother, *Marie Pisarcik*

6. Mother's Maiden Name, *Marie Siskova*

7. Mother's Birthplace, *Hungary*

8. Full Name of Father, *Joseph Pisarcik*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Hungary*

Name of Medical Attendant, or other person who makes this Return, *Marie Pisk*

Address, *S. Bond St. 838*

Remarks, \_\_\_\_\_

CORRECTED BY  
 SEE DO  
 DATED 4/12/46  
 Original Record  
 1935  
 W. C. ...  
 Clerk

[illegible]

RETURN OF A BIRTH. 101496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female).....*Male*

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 31-1898

4. Place of Birth, (Street and Number)..... *English 31-189*  
*Chim St 830*

5. Full Name of Mother, *Annie O'Neill*

6. Mother's Maiden Name, Annie Connelley

7. Mother's Birthplace,..... *Ciatsick, India*

8. Full Name of Father, William J. Hall  
9. Full Name of Mother, Frances J. Hall

9. Father's Occupation Painter & Decorator

10. Father's Birthplace, Westport, Maine

Name of Medical Attendant, or other person who makes this Return, John C. Galarneau  
Chas. H. Galarneau

Address, 58 Glenmont

Remarks, *Small marine alga*

# RETURN OF A BIRTH. *A* 101497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 28th 1893*

4. Place of Birth, (Street and Number) *711 S Bond St*

5. Full Name of Mother, *Anna Mary Mohr*

6. Mother's Maiden Name, *Muller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Mohr*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mary Presl*

Address, *838 S Bond St*

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH.

161498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 25th 1893

4. Place of Birth, (Street and Number) 708 S. Bethel St

5. Full Name of Mother, Anna Melnik

6. Mother's Maiden Name, Simanasky

7. Mother's Birthplace, Germany

8. Full Name of Father, Michael Melnik

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Maria Petz

Address, 838 S. Bond St

Remarks,

REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall receive and file all returns of births, and shall issue therefrom a list of the births, which shall be published in the Baltimore City Directory, and shall set forth as follows: the full name and date of birth of the child, the sex, color, and race of the child, the date and place of birth, the name of the mother, the name of the father, the occupation of the father, the birthplace of the mother, the birthplace of the father, the name of the medical attendant, and the name of the person who makes this return. If any person shall fail to comply with the provisions of this section, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. **A101499** To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 23<sup>d</sup>

4. Place of Birth, (Street and Number) Slieve Ann St. 1734

5. Full Name of Mother, Mary Yavondoski

6. Mother's Maiden Name, " ~~Wilson~~

7. Mother's Birthplace, Poland

8. Full Name of Father, Larewy Yavondoski

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Rucka

Address, 662 Bond St.

Remarks, \_\_\_\_\_

and the person or persons who shall fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A** 101500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *7 child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *Colored.*
3. Date of Birth, *Baltimore - Aug 22nd 1893.*
4. Place of Birth, (Street and Number) *Baltimore #1013 M Chapel St.*
5. Full Name of Mother, *Miss Anne Bordley*
6. Mother's Maiden Name, *Miss Bordley*
7. Mother's Birthplace, *Baltimore County Md County.*
8. Full Name of Father, *J. W. Buss.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Eastern Shore.*
- Name of Medical Attendant, or other person who makes this Return. *Miss Adeline Howard,*
- Address, *#1013 M Chapel St.*
- Remarks,

RETURN OF A BIRTH. L01501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks



# RETURN OF A BIRTH. **A** 101502 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August the 3. 1893

4. Place of Birth, (Street and Number) Marzoed #1111 St. B. 302

5. Full Name of Mother, Ellen Mistleand

6. Mother's Maiden Name, Ellen Hutchinson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas H. Mistleand

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr. S. Kelley

Address, No 1922 Wilkins Ave

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH **A** L01503 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4th Nov

4. Place of Birth, (Street and Number) 513. Lehigh St

5. Full Name of Mother, Ann P. Allen

6. Mother's Maiden Name, A. Bangs

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, James P. Allen

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. B. Smith

Address, No 556 N. High St

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. **A** 101504 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th August 90

4. Place of Birth, (Street and Number) 322 Edmundo St

5. Full Name of Mother, Marie Beriba

6. Mother's Maiden Name, Marie Douglas

7. Mother's Birthplace, Balto

8. Full Name of Father, Julius F. Beriba

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 West Pratt St

Remarks,

# RETURN OF A BIRTH. **A** L01505 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, August 22 1893

4. Place of Birth, (Street and Number) 823 Webster St

5. Full Name of Mother, Elizabeth Brown

6. Mother's Maiden Name, Elizabeth Perkins

7. Mother's Birthplace, Easton Md

8. Full Name of Father, Henson Brown

9. Father's Occupation, Coachman

10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Charity Jones

Address, 50 G. Washington Alley

Remarks, \_\_\_\_\_

Health. This schedule shall be filled out by the physician or practitioner in the form of a certificate, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. The fee for each certificate shall be ten cents, and shall be paid by the person or persons who shall be required to file the same. The fee for each certificate shall be ten cents, and shall be paid by the person or persons who shall be required to file the same. The fee for each certificate shall be ten cents, and shall be paid by the person or persons who shall be required to file the same.

# RETURN OF A BIRTH. 101506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18. August
4. Place of Birth, (Street and Number) 816. Madison St.
5. Full Name of Mother, Emma Verdenborge
6. Mother's Maiden Name, " Roerting
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Verdenborge
9. Father's Occupation, Saddlery.
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Elizabeth M. M. M.
- Address, Full St. 1331 Louis Point
- Remarks,

RETURN OF A BIRTH. A L01507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)..... *Male*  
2. Race or Color, (if not of the white race)..... *White*  
3. Date of Birth,..... *16 August 1873*  
4. Place of Birth, (Street and Number)..... *Steil St. No 815*  
5. Full Name of Mother,..... *Augusta Bensch*  
6. Mother's Maiden Name,..... *Ellman*  
7. Mother's Birthplace,..... *Germania*  
8. Full Name of Father,.....  
9. Father's Occupation.....  
10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return.....

Address, *Haroldine Sherman, Fort E. L. Y. No 434*  
Remarks, \_\_\_\_\_

Remarks, .....

# RETURN OF A BIRTH. L01508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 15/93.*
4. Place of Birth, (Street and Number) *Thames St. No 1019.*
5. Full Name of Mother, *Anna Wrublewska.*
6. Mother's Maiden Name, *Son Maciejewski*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Stef Maciejewski*
9. Father's Occupation, *Poland*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other person who makes this Return, *Agnes Hodolna.*
- Address, *Thames St. No 1033.*
- Remarks,

When the child is born, the mother shall be examined by a physician or practitioner of medicine, and the child shall be examined by a physician or practitioner of medicine, and the results of the examination shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the regulations of the Board of Health. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall issue a certificate of birth to the mother and the child, and the certificate shall be filed in the records of the Registrar of Vital Statistics, Board of Health, Baltimore City.



RETURN OF A BIRTH. L01509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

S. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

and shall contain a list of the names, ages, sexes, colors, and places of birth of all children born in the city of Baltimore, and shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the third day of each month, and the Registrar shall be authorized to require the attendance of any person or persons who shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 2 August 1893

4. Place of Birth, (Street and Number) 1021 E. Lombard St.

5. Full Name of Mother, Beccie Abel

6. Mother's Maiden Name, Ribman

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Abel

9. Father's Occupation, Book-keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 12 Allen-st. N.Y.

Remarks, \_\_\_\_\_

**L0151.1**

# I.A.

4

1. Sex, (state whether male or female)..... *Female*  
2. Race or Color, (if not of the white race)..... *White*  
3. Date of Birth,..... ~~Baltimore~~ *Aug 4*  
4. Place of Birth, (Street and Number)..... *Chase St 1908*  
5. Full Name of Mother,..... *Lizzie Trenthol*  
6. Mother's Maiden Name,..... *Lizzie Hart*  
7. Mother's Birthplace,..... *Baltimore*  
8. Full Name of Father,..... *Leary Trenthol*  
9. Father's Occupation..... *labor*  
10. Father's Birthplace,..... *Baltimore County*

maggehirukel

Remarks,

101512

# I

6

- Mrs R. Ellis

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible]

and the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be liable to the same extent as the Registrar of Vital Statistics, Board of Health, Baltimore City, in the event of any default or neglect in the performance of his duty. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall be liable to the same extent as the Registrar of Vital Statistics, Board of Health, Baltimore City, in the event of any default or neglect in the performance of his duty.

# RETURN OF A BIRTH. L01513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *August 11/93.*
  4. Place of Birth, (Street and Number) *Bethel St. No. 1624.*
  5. Full Name of Mother, *Juliana Maranna.*
  6. Mother's Maiden Name, *Son Chęc'*
  7. Mother's Birthplace, *Poland.*
  8. Full Name of Father, *Mitkołaj Chęc'*
  9. Father's Occupation, *Poland*
  10. Father's Birthplace, *Doeland.*
- Name of Medical Attendant, or other person who makes this Return, *Agnes Hodolna*
- Address, *Thames St. No. 1635.*
- Remarks,

RETURN OF A BIRTH. 101514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) Of the white race  
3. Date of Birth, Apr. 2  
4. Place of Birth, (Street and Number) Baltimore 933  
5. Full Name of Mother, Elizabeth Ruley  
6. Mother's Maiden Name, Smith  
7. Mother's Birthplace, Baltimore Md  
8. Full Name of Father, George W. Ruley  
9. Father's Occupation, Salaried  
10. Father's Birthplace, Baltimore Md  
Name of Medical Attendant, or other person who makes this Return, Mr. Harbison  
Address, 924 Bunker St  
Remarks,

RETURN OF A BIRTH. L01515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *3 August 1893.*  
4. Place of Birth, (Street and Number) *Dale St. No 717*  
5. Full Name of Mother, *Franciska Maciejaska.*  
6. Mother's Maiden Name, *Son Olszewski*  
7. Mother's Birthplace, *Poland.*  
8. Full Name of Father, *Jan Olszewski.*  
9. Father's Occupation, *Poland.*  
10. Father's Birthplace, *Poland.*  
Name of Medical Attendant, or other person who makes this Return, *Agnes Hadolna.*  
Address, *Thames St. No 1635.*  
Remarks



# RETURN OF A BIRTH. 101516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *August 3/93.*
  4. Place of Birth, (Street and Number) *Aliceane St. No 1508.*
  5. Full Name of Mother, *Gail Baby.*
  6. Mother's Maiden Name, *Kedchen Nowod.*
  7. Mother's Birthplace, *Prizmen*
  8. Full Name of Father, *R. J. Nowood.*
  9. Father's Occupation, *Prizmen*
  10. Father's Birthplace, *Doerland.*
- Name of Medical Attendant, or other person who makes this Return, *Agnes Hodolna*
- Address, *Thomas St. No 1635.*
- Remarks,

## 101517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether **male** or **female**) \_\_\_\_\_  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, \_\_\_\_\_  
4. Place of Birth, (Street and Number) \_\_\_\_\_  
5. Full Name of Mother, \_\_\_\_\_  
6. Mother's Maiden Name, \_\_\_\_\_  
7. Mother's Birthplace, \_\_\_\_\_  
8. Full Name of Father, \_\_\_\_\_  
9. Father's Occupation, \_\_\_\_\_  
10. Father's Birthplace, \_\_\_\_\_  
Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_  
Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. L01518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st August 1873

4. Place of Birth, (Street and Number) 1440 Eastern Ave.

5. Full Name of Mother, Sarah Ratmansky

6. Mother's Maiden Name, Givolevsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Benet Ratmansky

9. Father's Occupation, Resting

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 222 E. Baltimore St

Remarks,

Every child shall be registered in the birth record, and the name of the child, the date and place of birth, the sex, color, race, and whether the child is a first or subsequent child of the mother, shall be entered in the birth record. The birth record shall be kept in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. The birth record shall be open to the inspection of any person at any time. The birth record shall be kept in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. The birth record shall be open to the inspection of any person at any time. The birth record shall be kept in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. The birth record shall be open to the inspection of any person at any time.

OTHER NAME ADDED. 2-2-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sebastian Charles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) *male*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *August 6th 1893.*  
4. Place of Birth, (Street and Number) *Baltimore, 2300 Green St.*  
5. Full Name of Mother, *Katie Shinnick*  
6. Mother's Maiden Name, *Katie Fidler*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Sebastian Shinnick*  
9. Father's Occupation, *Labour.*  
10. Father's Birthplace, *Baltimore.*  
Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Taylor*  
Address, *#1615 S. Patterson Plk. Ave.*  
Remarks,

and the mother shall enter the same on blank paper, and keep a true and correct record of the same, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, its date of birth, its race or color, the full name and occupation of its father, the full name and occupation of its mother, the full name and occupation of its physician, the full name and occupation of its midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or persons attending the birth to report the same to the Registrar of Vital Statistics, and the Registrar shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. A 101520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5, 1892

4. Place of Birth, (Street and Number) 777 Garrison St

5. Full Name of Mother, Lizzie Bucher

6. Mother's Maiden Name, Theresa Bucher

7. Mother's Birthplace, Germany

8. Full Name of Father, John Bucher

9. Father's Occupation, Carman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Dreyer

Address, 1703 Gough St

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. A. L61521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female).....*Bula*

2. Race or Color, (if not of the white race).....*W.M.*

3. Date of Birth, 5<sup>th</sup> August 1892

4. *Place of Birth, (Street and Number)*..... *71 Ebe St. 412*

5. Full Name of Mother, Meri Master

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Baltimore

8. *Full Name of Father.*

### 9. *Father's Occupation*

### 4. *Father's Birthplace*

*Name of Medical Attendant,* or other person who makes this Return.

Address, Maroline Huray Fort Ely N. 424

Remarks

RETURN OF A BIRTH. L01522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)--- Latino

3. Date of Birth, Aug 1, 1892

4. Place of Birth, (Street and Number) - 1519 Ave. B St.

5. Full Name of Mother, Joseph W. Lee

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Chessia

8. Full Name of Father, Samuel Paul

9. Father's Occupation..... *Sign. L. C. Love*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, Yusef A. H.

Address, 447 York St

Remarks,



and immediately under whose charge or superintendence a birth shall have taken place, shall enter the same in blank schedule, to be furnished by the Registrar of Health, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the date and place of birth of the child, if any, shall have been born to the mother within the month preceding the birth of the child, and shall also set forth the name and occupation of the physician or practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and shall also set forth the name and occupation of the person or persons, in case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the officer of Health, in the manner and within the period above required, to cause such child to be registered, and if he fails to do so, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01523**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 4<sup>th</sup> 1893

4. Place of Birth, (Street and Number) No. 21 Loudon Place

5. Full Name of Mother, Bertha Henry

6. Mother's Maiden Name, Bertha West

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M. Henry

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 101524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) - W. Lit.

3. Date of Birth, September 10 1881

4. *Place of Birth, (Street and Number)*..... *Que. 3.*

5. Full Name of Mother, Suzanne Smith

5. *Mother's Maiden Name,*-----

7. *Mother's Birthplace*,.....

8. Full Name of Father, John J. Sullivan

9. Father's Occupation..... Labor.

4. Father's Birthplace, Leicester

Name of Medical Attendant, or other person who makes this Return.....

Address, No. 24 E. 7th St.

Remarks, .....

# RETURN OF A BIRTH. L01525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd August 1893

4. Place of Birth, (Street and Number) Rich St. No. 11

5. Full Name of Mother, Lora Puls

6. Mother's Maiden Name, Rehman

7. Mother's Birthplace, Germania

8. Full Name of Father, Max Puls

9. Father's Occupation, Schneider

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return,

Address, Harold Schway Tail & G. N. 424

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. A 101526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... Female  
2. Race or Color, (if not of the white race)..... Colored  
3. Date of Birth,..... Aug. 1, 20  
4. Place of Birth, (Street and Number)..... 1315' Hollington Ave  
5. Full Name of Mother,..... Ella Brown  
6. Mother's Maiden Name,..... Gasway  
7. Mother's Birthplace,..... America  
8. Full Name of Father,..... Wm. Brown  
9. Father's Occupation..... Cook  
10. Father's Birthplace,..... Baltimore  
Name of Medical Attendant, or other person who makes this Return,..... A. N. N. Smith  
Address,..... 871 Bay St. 20  
Remarks,.....

## RETURN OF A BIRTH. 101527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race).....

3. Date of Birth,..... 1 August

4. Place of Birth, (Street and Number) 940 Lombard st.

5. Full Name of Mother, Larry Weisberg

6. *Mother's Maiden Name.*

7. Mother's Birthplace, Lyons, France

S. Full Name of Father, O. L. Winkler

9. Father's Occupation..... *Physician*

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return

Address,..... *Chicago, Ill.*

Remarks, ..... 1107 P. 1107

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 151528

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First One  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

First of August  
1893

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Louise Brad-ton

6. Mother's Maiden Name,

Louise Hall

7. Mother's Birthplace,

Ellicott City

8. Full Name of Father,

Thomas Brad-ton

9. Father's Occupation,

Writer

10. Father's Birthplace,

Bolton City

Name of Medical Attendant, or other Person who makes this Return

Horatio Hammond

Address,

27 Arch St

Remarks,

Wm. J. C. Dulany & Co. CITY PRINTERS AND STATIONERS

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH. L91529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)-----White-----

3. Date of Birth, August 6 1893

4. Place of Birth, (Street and Number)..... 126 Humboldt

5. Full Name of Mother, Mary A. O'Brien

6. Mother's Maiden Name, Mary Salutin Batis

7. Mother's Birthplace,.....

8. Full Name of Father, William H. H. H.

9. Father's Occupation.....

10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this W. H. Johnson

Address, .....

Remarks: 213 B. - No activity

REMARKS, Flying 200.



# RETURN OF A BIRTH. 101530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 5

1. Sex, (state whether male or female)..... male  
2. Race or Color, (if not of the white race)..... white  
3. Date of Birth,..... Aug 5<sup>th</sup> 1893  
4. Place of Birth, (Street and Number)..... Chicago Ill 47th  
5. Full Name of Mother,..... Frederick W Reinhardt  
6. Mother's Maiden Name,..... " " Luethke  
7. Mother's Birthplace,..... Germany  
8. Full Name of Father,..... Henry Reinhardt  
9. Father's Occupation..... Watchmaker  
10. Father's Birthplace,..... Balto Md

Name of Medical Attendant, or other person who makes this Return.....

Address, Marv Marv E. Shabazz

Remarks, 731 Cumberland St

L01531

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 Aug. 1415 Broadway

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Sophie Jones

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Balt.

8. Full Name of Father, David Jones

9. Father's Occupation

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 718 N. Cal. St.

Remarks,

RETURN OF A BIRTH. L01532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)—6.

1. Sex, (state whether male or female).....Female  
2. Race or Color, (if not of the white race).....White  
3. Date of Birth,.....August 27<sup>th</sup> 1873  
4. Place of Birth, (Street and Number).....347 Maiden Lane  
5. Full Name of Mother,.....Henrietta Bamberger  
6. Mother's Maiden Name,.....Henrietta Thomas  
7. Mother's Birthplace,.....Baltimore, Md.  
8. Full Name of Father,.....George Bamberger  
9. Father's Occupation.....Cotton Merchant  
10. Father's Birthplace,.....Germany

Name of Medical Attendant, or other person who makes this Return, .....

Address, .....

Remarks, .....

# RETURN OF A BIRTH. *AL01533*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *August 31<sup>st</sup>*

4. Place of Birth, (Street and Number) *817 Webster St*

5. Full Name of Mother, *Eliza Johnson*

6. Mother's Maiden Name, *Edwina Turner*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *Edward Johnson*

9. Father's Occupation, *Livery Stable*

10. Father's Birthplace, *Anne Arundel Co*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Gordon*

Address, *558 Greenmount Ave.*

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. 191534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

First

1. Sex, (state whether male or female)..

Male

2. *Race or Color, (if not of the white race).*

Black

3. *Date of Birth,*

August 28

4. *Place of Birth, (Street and Number).*

115-W. Lombard St

5. *Full Name of Mother,*

Emma Reed

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

No

8. *Full Name of Father,*

### 9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Chas. J. Neer

*Address,*

115-1401 and M

Remarks

Wm. J. C. Dulany Co., City Printers and Stationers

Persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 101535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 August

4. Place of Birth, (Street and Number) 114 St. Caroline St

5. Full Name of Mother, Carrie Hedding

6. Mother's Maiden Name, Becht

7. Mother's Birthplace, Balto

8. Full Name of Father, George Hedding

9. Father's Occupation, Car maker

10. Father's Birthplace, Wash. D. C.

Name of Medical Attendant, or other person who makes this Return, Mrs. R. Ullis

Address, 1802 Lexington St

Remarks,

Health. - This schedule shall be filled out by the person or persons who shall be present at the birth of a child, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the schedule. The person or persons who shall be present at the birth of a child, and who shall not file this schedule in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the schedule, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 151536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 August

4. Place of Birth, (Street and Number) 28th Street

5. Full Name of Mother, Leah Sonne

6. Mother's Maiden Name, Kellner

7. Mother's Birthplace, Poland

8. Full Name of Father, Morris Sonne

9. Father's Occupation, Liquor Dealer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, M. S. Ullig

Address, 1302 E. Lexington St

Remarks,



RETURN OF A BIRTH. 191537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female  
2. Race or Color, (if not of the white race) 2  
3. Date of Birth, 2 August  
4. Place of Birth, (Street and Number) 401 W. Eden St.  
5. Full Name of Mother, Isabel Fisher  
6. Mother's Maiden Name, Frank  
7. Mother's Birthplace, Baltic  
8. Full Name of Father, Emmanuel Fisher  
9. Father's Occupation, Dry goods store  
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return.....

Address, .....

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 101538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)... *Male*

2. Race or Color, (if not of the white race)

3. *Date of Birth,* 12 August

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name,*

### 7. *Mother's Birthplace*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

GIVEN NAME ADDED 12-16-5-5-  
 RETURN OF A BIRTH. 101539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Godfrey August Herder  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 August 1893
4. Place of Birth, (Street and Number) 1302 Hull St
5. Full Name of Mother, Andrea Herder
6. Mother's Maiden Name, Schaefer
7. Mother's Birthplace, Europe
8. Full Name of Father, L. H. Herder
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. K. M. M. M.

Address, 1302 E Lexington St

Remarks,

RETURN OF A BIRTH L01540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *12 August*  
4. Place of Birth, (Street and Number) *1213 N. Spring St*  
5. Full Name of Mother, *Jadie Lee*  
6. Mother's Maiden Name, *" "*  
7. Mother's Birthplace, *Baltic*  
8. Full Name of Father, *Chas. Har*  
9. Father's Occupation, *Clerk*  
10. Father's Birthplace, *Wash. D.C.*

Name of Medical Attendant, or other person who makes this Return, Mrs. R. Gillis

Address, 1502 E Lexington St

Remarks, .....

Registrar of Births and Deaths, Baltimore City, Md. The Registrar of Births and Deaths, Baltimore City, Md., is authorized to receive and record all births occurring in the City of Baltimore, and to issue certificates of birth to the parents of such children. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all deaths occurring in the City of Baltimore, and to issue certificates of death to the next of kin of such persons. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all marriages occurring in the City of Baltimore, and to issue certificates of marriage to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all adoptions occurring in the City of Baltimore, and to issue certificates of adoption to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all divorces occurring in the City of Baltimore, and to issue certificates of divorce to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of name occurring in the City of Baltimore, and to issue certificates of change of name to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of residence occurring in the City of Baltimore, and to issue certificates of change of residence to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of status occurring in the City of Baltimore, and to issue certificates of change of status to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of sex occurring in the City of Baltimore, and to issue certificates of change of sex to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of color occurring in the City of Baltimore, and to issue certificates of change of color to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of place of birth occurring in the City of Baltimore, and to issue certificates of change of place of birth to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of date of birth occurring in the City of Baltimore, and to issue certificates of change of date of birth to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of sex occurring in the City of Baltimore, and to issue certificates of change of sex to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of color occurring in the City of Baltimore, and to issue certificates of change of color to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of place of birth occurring in the City of Baltimore, and to issue certificates of change of place of birth to the parties thereto. The Registrar of Births and Deaths, Baltimore City, Md., is also authorized to receive and record all changes of date of birth occurring in the City of Baltimore, and to issue certificates of change of date of birth to the parties thereto.

# RETURN OF A BIRTH. <sup>A</sup> 191541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug. 30, 1893
4. Place of Birth, (Street and Number) 116 W. Lombard St.
5. Full Name of Mother, Maggie Summers
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —
- Name of Medical Attendant, or other person who makes this Return, Chas. S. Neer
- Address, 116 W. Lombard St.
- Remarks, —

Any person who shall enter the name of a child on a blank schedule, to be used by the Board of Health, and who shall not be a resident of the City of Baltimore, or who shall not be a duly qualified physician or practitioner of medicine, or who shall not be a duly qualified nurse, or who shall not be a duly qualified midwife, or who shall not be a duly qualified person, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. A101542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug. 31, 1893

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Hester Brown

6. Mother's Maiden Name, md

7. Mother's Birthplace, md

8. Full Name of Father, md

9. Father's Occupation, md

10. Father's Birthplace, md

Name of Medical Attendant, or other person who makes this Return, Chas. S. Hur

Address, 115 W Lombard St.

Remarks, md

Ln 543



First -

female

White

August 22, 1893

115 W. Lombard St.

Ellen Wilson



Scotland

\*\*\*\*\*

Chas. J. Neer

1152 W. Lombard St.

Remarks, .....



This schedule shall contain a true and correct statement of the birth of every child born in the city of Baltimore, Maryland, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, the sex, race or color, the date of birth, the name of the physician or practitioner of midwifery, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, the name of the person or persons who attended the birth, in the manner and within the period above required, and shall be filed in the office of the Registrar of Vital Statistics, and the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 151544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August-23, 1893
4. Place of Birth, (Street and Number) 115 W. Lombard St
5. Full Name of Mother, Alice Brown
6. Mother's Maiden Name, —
7. Mother's Birthplace, England
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —
- Name of Medical Attendant, or other person who makes this Return, Chas. S. Neer
- Address, 115 W. Lombard St.
- Remarks, —

# RETURN OF A BIRTH.

L01545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, Aug. 22, 1893
  4. Place of Birth, (Street and Number) 115 W Lombard St.
  5. Full Name of Mother, Mary Casey
  6. Mother's Maiden Name, D. C.
  7. Mother's Birthplace, D. C.
  8. Full Name of Father, \_\_\_\_\_
  9. Father's Occupation, \_\_\_\_\_
  10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other person who makes this Return, Chas. J. Hill
- Address, 115 W Lombard St.
- Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. 101546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)...

First-

1. *Sex*, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

While

3. *Date of Birth,*

August 28 1893.

4. *Place of Birth, (Street and Number).*

Hotel 115 W. Lombard St.

5. *Full Name of Mother,*

Katie Woods

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

Ma

8. *Full Name of Father,*

### 9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Chas. J. Neer

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH. Alm 547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one - First

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 13 1893*

4. Place of Birth, (Street and Number) *421 N. Poppleton St*

5. Full Name of Mother, *Mrs Lulie Barbara Sebastian*

6. Mother's Maiden Name, *Lulie " " " Hullett*

7. Mother's Birthplace, *Baltimore - Md*

8. Full Name of Father, *Charles William Sebastian*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Georgetown. D. C*

Name of Medical Attendant, or other person who makes this Return, *M. J. Gidley*

Address, *1004 W Lexington St*

Remarks, \_\_\_\_\_

and shall set forth in full the name of the child, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or other person who attended the birth, and the name of the person who made the return, and the name of the person who reported the birth to the Commissioner of Health, and the name of the person who reported the birth to the Registrar of Vital Statistics, and the name of the person who reported the birth to the Board of Health, and the name of the person who reported the birth to the City of Baltimore, and the name of the person who reported the birth to the State of Maryland, and the name of the person who reported the birth to the United States of America, and the name of the person who reported the birth to the world.

# RETURN OF A BIRTH.

101548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 30<sup>th</sup>

4. Place of Birth, (Street and Number) 122 Little Pleasant

5. Full Name of Mother, Julia Jackson

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, Baeto

8. Full Name of Father, Lewis Grinnell

9. Father's Occupation, Laborer

10. Father's Birthplace, Baeto

Name of Medical Attendant, or other person who makes this Return, Wilmer Buntow, M.D.

Address, Md. Lying in Hospital

Remarks, \_\_\_\_\_

111 549

100-549

2nd

Wille

Wm. L.

Aug 7<sup>th</sup>. 1893

er) 307 West Biddle St. Baltimore

John Williams

Eliza Harpold

Boston Mass

Christopher. E. C. Williams,

Physician

Western England

Other Person who makes this Return *Mary P. Heinings*

to Biddle St. Baltimore

Child - Ernest Harold Williams

## RETURN OF A BIRTH. 161550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 August 1893

4. Place of Birth, (Street and Number)----- 1618 S. Charles st

5. Full Name of Mother, Mary Louise

6. Mother's Maiden Name, Mary Wolfe

7. Mother's Birthplace,.....Russia

8. Full Name of Father, Robert Lippick

9. Father's Occupation..... Foreman

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return Lina Barboza

Address, N 44 10 York St Boston

Remarks



# RETURN OF A BIRTH. LO1551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th August

4. Place of Birth, (Street and Number) 532 Halvick Place

5. Full Name of Mother, Lizzie Pierson

6. Mother's Maiden Name, Lizzie Keyser

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Pierson

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Kamp

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. L01552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Aug 20" 1893*

4. Place of Birth, (Street and Number) *537 Orchard St.*

5. Full Name of Mother, *Mary Fields*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Talbot Co. Md*

8. Full Name of Father, *Jim Fields Md*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Md.*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

*Walter Barton M.D.  
M.D. Long in Hospital*

RETURN OF A BIRTH. 191553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 August 1893

4. *Place of Birth, (Street and Number),* 225 S. 2nd St.

5. Full Name of Mother, Caroline M. Jones

6. Mother's Maiden Name, Willie

7. Mother's Birthplace, 1147 2nd St. C.

8. Full Name of Father, John O. ...

9. Father's Occupation.....

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Smith

Address, .....

Remarks, .....

# RETURN OF A BIRTH. *A 101554* To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 1893*

4. Place of Birth, (Street and Number) *422 East 7th*

5. Full Name of Mother, *Annie Mozelsky*

6. Mother's Maiden Name, *Kokal*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Max Mozelsky*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Wm. E. Harrison*

Address, *1212 E. Baltimore*

Remarks, \_\_\_\_\_

REGISTRATION OF BIRTHS. Every person who has knowledge of the birth of a child, whether born in or out of wedlock, shall, within the time specified in the following schedule, report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall cause to be made and signed by the Registrar a certificate of birth, which shall be a true and correct copy of the record of the birth as made by the Registrar, and shall be delivered to the mother or to the father, or to the person having the custody of the child, and shall be retained by the Registrar for the purpose of being made a part of the record of the birth.

Section 1. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall, within the time specified in the following schedule, report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall cause to be made and signed by the Registrar a certificate of birth, which shall be a true and correct copy of the record of the birth as made by the Registrar, and shall be delivered to the mother or to the father, or to the person having the custody of the child, and shall be retained by the Registrar for the purpose of being made a part of the record of the birth.

Section 2. Any person who fails to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 191555  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 August 1922

4. Place of Birth, (Street and Number) 48 Maryland Ave

5. Full Name of Mother, Annie Kattai

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, John Kattai

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. E. O'Connor

Address, 12 N. Howard St

Remarks,

Health. This shall set forth as far as possible, the full name and color of the child, the date and place of birth, the name and address of the mother, the name and address of the father, the name and address of the medical attendant, and the name and address of the person who makes this return. It shall also contain a statement of the child's sex, race or color, and date of birth. In case the birth of any child is reported to the Commissioner of Health, in any manner and within the period above required, and such person or persons shall thereafter fail to comply with the provisions of this section, he or she shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01556**  
Office of Registrar of Vital Statistics, Boston

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

### 9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return

*Address.*

Remarks

RETURN OF A BIRTH. AL01557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female)..... Male  
2. Race or Color, (if not of the white race)..... White  
3. Date of Birth,..... Aug 25 1873  
4. Place of Birth, (Street and Number)..... 812 Somerset St  
5. Full Name of Mother,..... Rebecca Robinson  
6. Mother's Maiden Name,..... Holzberg  
7. Mother's Birthplace,..... Russia  
8. Full Name of Father,..... Emil Robinson  
9. Father's Occupation..... Teacher  
10. Father's Birthplace,..... Russia  
Name of Medical Attendant, or other person who makes this Return,..... Dr. Chapman  
Address,..... 49 Atlantic St  
Remarks,.....



# RETURN OF A BIRTH. L01558 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 August 1893

4. Place of Birth, (Street and Number) 418 N. E. 2nd St. A.

5. Full Name of Mother, Annie Brampton

6. Mother's Maiden Name, Annie Garkine

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Brampton

9. Father's Occupation, Cigar-smith

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, J. H. G. G. G.

Address, 42 Atlantic St.

Remarks,

Any person who shall neglect or refuse to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, ..... 29. June 1904

4. Place of Birth, (Street and Number)..... K 181 R. 161

5. Full Name of Mother, ANCE MURPHY

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Michigan, Saginaw

8. Full Name of Father, George Davis

9. Father's Occupation..... *cook*

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return: Dr. J. S. S. S.

Address, 1191 Chestnut St

Remarks, .....

RETURN OF A BIRTH. 12-29-54  
L01560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Lillian Eigner

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

3. Date of Birth, 18 August 1893

4. Place of Birth, (Street and Number) 327 1st St.

5. Full Name of Mother, ..... Cecilia Jones

6. Mother's Maiden Name, Elizabeth J. Smith

7. Mother's Birthplace, \_\_\_\_\_  
8. Full Name of Mother, \_\_\_\_\_

8. Full Name of Father, .....

9. Father's Occupation, .....

9. Father's Occupation.....

0. *Father's Birthplace,* \_\_\_\_\_  
*Name of Mother,* \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return

Address, .....

Remarks, .....

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics Board of Health, Baltimore City.

# RETURN OF A BIRTH. L01561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *17 August 1893*

4. Place of Birth, (Street and Number) *904 E. Pratt St*

5. Full Name of Mother, *Jessie D. Johnson*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *John D. Johnson*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other person who makes this Return, *Wm. E. Johnson*

Address, *42 Baltimore St.*

Remarks, \_\_\_\_\_

Each birth and shall be accompanied by a birth certificate, which shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. The birth certificate shall contain a list of the names of the parents, the sex, color, and date of birth of the child, and shall be signed by the physician or practitioner of medicine, or by the mother, or by the father, or by the child, or by any other person who shall be designated by the Registrar of Vital Statistics, Board of Health, Baltimore City. The birth certificate shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be retained for a period of ten years after the date of the birth of the child. The birth certificate shall be subject to the provisions of the laws of the State of Maryland, relating to the registration of births and deaths.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

Zoo. of Wildl. of India, (State whether 1st, 2nd, 3rd, 4th, etc.)

1. Sex, state whether male or female.  
2. Race or Color, if not of the white race.  
3. Date of Birth.  
4. Place of Birth, Street and Number.  
5. Full Name of Mother.  
6. Mother's Maiden Name.  
7. Mother's Birthplace.  
8. Full Name of Father.  
9. Father's Occupation.  
10. Father's Birthplace.  
Name of Medical Attendant.  
Address.  
Remarks.

[illegible]

RETURN OF A BIRTH. AL01562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *31 August 1893*  
4. Place of Birth, (Street and Number) *33 Richmond St*  
5. Full Name of Mother, *Mary Carey*  
6. Mother's Maiden Name, *Mary Anne Lillis*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *John Joseph Carey*  
9. Father's Occupation, *Box maker*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other person who makes this Return, *E. Sherman*  
Address, *40 Richmond St*  
Remarks, \_\_\_\_\_

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... Female  
2. Race or Color, (if not of the white race)..... White  
3. Date of Birth,..... 3 August 1893  
4. Place of Birth, (Street and Number)..... 29 Victoria St  
5. Full Name of Mother,..... Anna Peterson  
6. Mother's Maiden Name,..... Hansen  
7. Mother's Birthplace,..... Russia  
8. Full Name of Father,..... John Peterson  
9. Father's Occupation,..... Farmer  
10. Father's Birthplace,..... Sweden  
Name of Medical Attendant, or other person who makes this Return,..... E. J. Anderson  
Address,..... 40 1/2 1st Avenue  
Remarks,.....



RETURN OF A BIRTH. L01564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, Aug 28/93

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return, .....

Address,

Remarks,



RETURN OF A BIRTH. 101565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 27<sup>th</sup>, 1893

4. Place of Birth, (Street and Number) 104<sup>18</sup> N. Saratoga

5. Full Name of Mother, Louise Deppe

5. Mother's Maiden Name, Louise Frank

7. Mother's Birthplace, Germany

Full Name of Father, John Joseph Drake

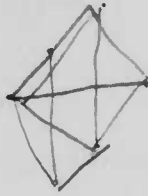
1. Father's Occupation..... Tailor

0. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. H. Brooks, M. D.

Address, 1101 N. Charles st

Remarks

[illegible]

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall be licensed by the Board of Health, and shall keep a book, in which shall be entered a list of all the births which shall occur during the year, and shall be sworn to by the midwife, and shall be subject to the inspection of the Board of Health, and shall be liable to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 26 1893*
4. Place of Birth, (Street and Number) *1530 Springtown Place*
5. Full Name of Mother, *Mollie R. Alving*
6. Mother's Maiden Name, *Mollie R. Reynolds*
7. Mother's Birthplace, *Ellicott City, Md*
8. Full Name of Father, *William F. Alving*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Geo B. Shannon M.D.*
- Address, *1442 Frothingham St.*
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 23 1893
4. Place of Birth, (Street and Number) 1032 Gilman St Baltimore Md
5. Full Name of Mother, Laura Isabel Threlk
6. Mother's Maiden Name, Laura Isabel Brown
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Albert Threlk
9. Father's Occupation, Placemist
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins
- Address, 1016 Vincent Alley Baltimore Md
- Remarks, Baltimore Aug 30 1893  
per Mrs G. L. Brown

Baby was born August 15, 1893.  
Father

8th Parrot St  
Baltimore, Md

That every person who is in the city of Baltimore, and who is the mother of a child, shall keep a true and correct record of the birth of such child, and shall report the same to the Registrar of Births, within the time and in the manner prescribed by the Commission of Health, and shall be liable to the penalties provided in this section for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug. 22. 1893.

4. Place of Birth, (Street and Number) 1607 Vincent St.

5. Full Name of Mother, Ida Isaac

6. Mother's Maiden Name, Ida Johnson

7. Mother's Birthplace, Anne Arundel County

8. Full Name of Father, Philip Johnson

9. Father's Occupation, Coal. Cart. Driver

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah Rollins

Address, 1610 Vincent Ave

Remarks,

RETURN OF A BIRTH. LM569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, .....

4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother, Mary E. [unclear]

6. Mother's Maiden Name, Shirley

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernard

9. Father's Occupation.....

10. Father's Birthplace, MASSACHUSETTS

Name of Medical Attendant, or other person who makes this Return

Address, .....

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*..

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,* .....

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*...

Name of Medical Attendant, or other person who makes this Return, -

Address, ..

Remarks,



RETURN OF A BIRTH. L01571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 21

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

0. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

27.5)

Health, and the person who makes this Return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A** L01572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 23 1893*

4. Place of Birth, (Street and Number) *424 E. Pratt St*

5. Full Name of Mother, *Varzh Smith*

6. Mother's Maiden Name, *Varzh*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Varzh Smith*

9. Father's Occupation, *Caylor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Yildman*

Address, *103 E. Lombard St.*

Remarks, \_\_\_\_\_

Not to be filled out by the Registrar, but by the Medical Attendant, or other person who makes this Return. The Registrar, upon receiving this Return, shall enter the same in the Register, and shall issue a Certificate of Birth, which shall be delivered to the mother, or to the father, or to the person who makes this Return, within three days of the birth of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother, or father, or other person, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, August 15

4. Place of Birth, (Street and Number) 1406 E. Chase St

5. Full Name of Mother, Florence Lunnbright

6. Mother's Maiden Name, Florence Warner

7. Mother's Birthplace, Loudoun Co. Va

8. Full Name of Father, George Lunnbright

9. Father's Occupation, Iron Molder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lunningham

Address, Midwife

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. L01574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 15

4. Place of Birth, (Street and Number) 248 Euter St

5. Full Name of Mother, M. W. Brown

6. Mother's Maiden Name, M. L. L. L.

7. Mother's Birthplace, Russia

8. Full Name of Father, J. L. L. L.

9. Father's Occupation, Driver

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. L. Feldman

Address, 1013 E. Lombard St

Remarks,

Health Officer shall receive the same on a blank, whether the child has been born or not, and shall be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the date of the birth. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall be responsible for the safekeeping of the same, and shall be liable for the same in the event of loss or destruction. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall be responsible for the safekeeping of the same, and shall be liable for the same in the event of loss or destruction. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall be responsible for the safekeeping of the same, and shall be liable for the same in the event of loss or destruction.

RETURN OF A BIRTH. 101575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race).....*Black*

3. Date of Birth, Aug 27, 1893

4. Place of Birth, (Street and Number) Ind. Lyons, In. No. 1

5. Full Name of Mother, Hallie Balch

6. *Mother's Maiden Name,*.....

7. Mother's Birthplace, *Shoreline Va.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,* .

Name of Medical Attendant, or other person who makes this Return, William Branton M.D.

Address, \_\_\_\_\_ Md. Lying in Hospital  
Remarks, \_\_\_\_\_

Remarks,

RETURN OF A BIRTH. 101576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. *Date of Birth*, 24. August 1899

4. Place of Birth, (Street and Number) Bethesda, Md.

5. Full Name of Mother, Shirley Ann

6. *Mother's Maiden Name*, .....

7. *Mother's Birthplace*, .....

8. Full Name of Father, John J. Smith

9. *Father's Occupation,* Teacher

6. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, .....

Remarks, .....

Any person who shall fail to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. A 101577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 24 1893

4. Place of Birth, (Street and Number) Chesep St No 24

5. Full Name of Mother, Carry Baker

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, Halbert County

8. Full Name of Father, John Thomas

9. Father's Occupation, glabauer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Wilson

Address, No 124 West Thayer St

Remarks, full 9 months



ALM 578

Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Color race*  
3. Date of Birth, *24 of August 1893*  
4. Place of Birth, (Street and Number) *Baltimore Howard St 93*  
5. Full Name of Mother, *Mary Spriggs*  
6. Mother's Maiden Name, *Mary Spriggs*  
7. Mother's Birthplace, *easton shore Md*  
8. Full Name of Father, *Sutton C Spriggs*  
9. Father's Occupation, *labor man*  
10. Father's Birthplace, *Calvert County Md*  
Name of Medical Attendant, or other person who makes this Return, *Miles Frost*  
Address, *No 17 - Widon*  
Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female),.....

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

LG1530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 6/1 Larrale St

4. Place of Birth, (Street and Number) August-20<sup>th</sup> 1893.

5. Full Name of Mother, S. T. Gault

6. *Mother's Maiden Name.*

7. Mother's Birthplace, Howard Co Ind

8. Full Name of Father, William Garrett

2. Father's Occupation. .... Janitor

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who  
shall be kept, *A. Johnson*

Address, 1024 Park Ave.

Remarks.

RETURN OF A BIRTH. AL01581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23 Dec 1914

4. Place of Birth, (Street and Number) 1000 14th St. N. Wash. D.C.

5. Full Name of Mother, Leah Ann G. G. G.

6. Mother's Maiden Name, Elizabeth S. Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, *James D. ...*

9. Father's Occupation, *Teacher*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who  
 J. H. D. M. D.

Address, *Full St. 1331*

Remarks, .....

RETURN OF A BIRTH. L61582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15 189

4. Place of Birth, (Street and Number).....Harrison St 1

5. Full Name of Mother, Liech Kandel

6. Mother's Maiden Name, Liesl Peczenik

1. Mother's Birthplace, *Kennewick, W. Va.*

8. Full Name of Father, Max Kanwel

10. Father's Birthplace *presek*

Name of Medical Attendant, or other person, 11

Address 1242 48th St Mari Elias

Remarks: 1242 Mapleberry St  
1166

1979

# RETURN OF A BIRTH. A01583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 724

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 August, 1893

4. Place of Birth, (Street and Number) 1004 E. Lombard St.

5. Full Name of Mother, Sarah Esakson

6. Mother's Maiden Name, Hurr

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Esakson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 722 Albemarle St.

Remarks,

LD 584

I. A.

1st child

Waise

White Race

August - 10

1200 Colington Ave

Amie Smith

Annie K'ane

13 altinoe

John Schmitt

Bass.

Baltimore

Mrs Baltimore  
Cunningham

Midwife

Midwife

[illegible]



RETURN OF A BIRTH. 101585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5.....

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 August, 1873

4. *Place of Birth.* (Street and Number) 34 Cedar St.

5. Full Name of Mother, Lillian Mirnes

6. Mother's Maiden Name, Nicholson

7. Mother's Birthplace,.....Russia

8. Full Name of Father, Mrs. Mrs. Mrs.

9. Father's Occupation..... *Peckham*

10. *Father's Birthplace,* ..... *Kissai* .....

Name of Medical Attendant, or other person who makes this Return, E. Messinger

Address, 221 Berkeley

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Births under the laws of the State of Maryland shall be reported to the Registrar of Vital Statistics, Baltimore City, by the person or persons who shall have attended the birth, or by the physician or midwife, or by the mother, or by the father, or by any other person who shall have been present at the birth, and who shall have been duly qualified by the Registrar of Vital Statistics, Baltimore City, to act as a reporter of births. The person or persons who shall have attended the birth, or by the physician or midwife, or by the mother, or by the father, or by any other person who shall have been present at the birth, and who shall have been duly qualified by the Registrar of Vital Statistics, Baltimore City, to act as a reporter of births, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 August

4. Place of Birth, (Street and Number) 20 Market Space

5. Full Name of Mother, Pearl Frankel

6. Mother's Maiden Name, Kopilman

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Frankel

9. Father's Occupation, Declar

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Herman

Address, 42 Allen Circle

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. 41587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *August 21/93.*
  4. Place of Birth, (Street and Number) *Wolf Str. No. 608*
  5. Full Name of Mother, *Mary Sabecia*
  6. Mother's Maiden Name, *Medhen, Cieslan.*
  7. Mother's Birthplace, *Poland.*
  8. Full Name of Father, *Majki Cieslan.*
  9. Father's Occupation, *Poland.*
  10. Father's Birthplace, *Daceland Arbeit Men.*
- Name of Medical Attendant, or other person who makes this Return, *Agnes Studolna.*
- Address, *Thames Str. No. 635.*
- Remarks, *Ex*

RETURN OF A BIRTH L01588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 19 1908

4. Place of Birth, (Street and Number) 1824 R. T. 21

5. Full Name of Mother, Many Child

6. Mother's Maiden Name, Mary Reedin

7. Mother's Birthplace, .....

8. Full Name of Father, Adolph Weiss

9. Father's Occupation, mus. sec.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

*Address,*

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

101589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) male  
2. Race or Color, (if not of the white race) color first child  
3. Date of Birth, August 20 1893 wonderful well  
4. Place of Birth, (Street and Number) Baltimore City Carroll St 1404  
5. Full Name of Mother, Mollie Elveth King  
6. Mother's Maiden Name, Sarah King  
7. Mother's Birthplace, Annapolis Md  
8. Full Name of Father, Ellic Briggs  
9. Father's Occupation, Stone yard  
10. Father's Birthplace, Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return.

Address, 1428 Guvenea mill,

Remarks, *well*

## RETURN OF A BIRTH. AL01590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female).....*Male*

2. Race or Color, (if not of the white race) W. H.

3. Date of Birth, 19 Jan. August 1871

4. *Place of Birth, (Street and Number)* Almas St. No 237

5. Full Name of Mother, Emilie Miller

6. Mother's Maiden Name, ..... *Grain* .....

7. Mother's Birthplace,.....*Baltimore*

8. Full Name of Father, Thomas Miller

4. Father's Occupation.....*Harb. Master*

10. Father's Birthplace, Bellmead

Name of Medical Attendant, or other person who makes this Return

Address, *Handline Highway Tool Ely N 434*

Remarks

# RETURN OF A BIRTH. L01531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 18/93.*

4. Place of Birth, (Street and Number) *Lagerster St. No. 1611.*

5. Full Name of Mother, *Mary Chotoga*

6. Mother's Maiden Name, *Son Barthowski*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Majti Barthowski*

9. Father's Occupation, *Poland*

10. Father's Birthplace, *Dorland.*

Name of Medical Attendant, or other person who makes this Return, *Agnes Hodolna*

Address, *Thames St. No. 1635.*

Remarks,

The Registrar of Births and Deaths, Baltimore City, is authorized to receive and record the birth of every child born in Baltimore City, and to issue a certificate of birth to the parents, or to the person who has charge of the child, at the time of birth, or at any time thereafter. The certificate shall be in the form of a certificate of birth, and shall contain the name of the child, the date and place of birth, the sex, race or color, and the name of the mother and father. The certificate shall be signed by the Registrar, or by a deputy Registrar, or by a person authorized by the Board of Health to act as such. The certificate shall be free of charge. The Registrar shall also keep a record of the birth of every child born in Baltimore City, and shall issue a certificate of birth to the parents, or to the person who has charge of the child, at the time of birth, or at any time thereafter. The certificate shall be in the form of a certificate of birth, and shall contain the name of the child, the date and place of birth, the sex, race or color, and the name of the mother and father. The certificate shall be signed by the Registrar, or by a deputy Registrar, or by a person authorized by the Board of Health to act as such. The certificate shall be free of charge. The Registrar shall also keep a record of the birth of every child born in Baltimore City, and shall issue a certificate of birth to the parents, or to the person who has charge of the child, at the time of birth, or at any time thereafter. The certificate shall be in the form of a certificate of birth, and shall contain the name of the child, the date and place of birth, the sex, race or color, and the name of the mother and father. The certificate shall be signed by the Registrar, or by a deputy Registrar, or by a person authorized by the Board of Health to act as such. The certificate shall be free of charge.



Any person who, after the birth of a child, fails to file a return in accordance with the provisions of this section, shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12, 1922

4. Place of Birth, (Street and Number) Garnett St. 811

5. Full Name of Mother, Lena Schraf

6. Mother's Maiden Name, Reuter

7. Mother's Birthplace, Ossabrück, Germany

8. Full Name of Father, Sebastian Schraf

9. Father's Occupation, Stenciler

10. Father's Birthplace, Hamburg, Prussia

Name of Medical Attendant, or other person who makes this Return, Johann Lause

Address, Garnett St. 811

Remarks, City

RETURN OF A BIRTH. A 101593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.  
1. Sex, (state whether male or female) female  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, August 18th, 1873.  
4. Place of Birth, (Street and Number) 2219 Canton Ave., Baltimore.  
5. Full Name of Mother, Bertha Koch, Pross.  
6. Mother's Maiden Name, Bertha Koch.  
7. Mother's Birthplace, Germany.  
8. Full Name of Father, Julius Johann Pross.  
9. Father's Occupation, Baker.  
10. Father's Birthplace, Germany.  
Name of Medical Attendant, or other person who makes this Return, Mrs. M. Taylor.  
Address, 11615 S. Patterson Pl. Ave.  
Remarks,

Section 10. It is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose attendance a birth shall hereafter take place, shall, within the month following the birth, register of such birth, and shall enter the same in the birth register, to be furnished by the Commissioner of Health, and shall, as far as the same can be ascertained, the full name of the child, the date and place of birth, the name and occupation of its parents, the date and place of birth of the mother, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in attendance upon the mother, to the Commissioner of Health, in the manner and within the time provided above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L91594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17
4. Place of Birth, (Street and Number) Baltimore Maryland 3004 Janey
5. Full Name of Mother, Lizzie Whitman
6. Mother's Maiden Name, Whitman
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Michael Whitman
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore Maryland
- Name of Medical Attendant, or other person who makes this Return, Harriet M. M. M.
- Address, Baltimore Md State Street 825
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. **A 191595**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucas

3. Date of Birth, 14 of Aug

4. Place of Birth, (Street and Number) 411 Lewis St

5. Full Name of Mother, Helena Johnson

6. Mother's Maiden Name, 11 Reaschman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. H. Johnson

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Carlisle Patterson

Address, 401 Lewis St

Remarks, claim well recovered

REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY. This schedule shall contain a list of the names of all persons born in Baltimore City, and of all persons born elsewhere who have resided in Baltimore City for a period of at least one month prior to the date of their birth. It shall also contain a list of all persons who have died in Baltimore City, and of all persons who have died elsewhere and whose bodies have been brought to Baltimore City for burial. The Registrar shall be responsible for the accuracy of the information furnished in this schedule, and for the timely filing of the same. He shall also be responsible for the preservation of the same, and for the destruction of the same when they are no longer needed. The Registrar shall be authorized to require the production of this schedule by any person who has a right to the same, and to refuse to produce the same if he is not satisfied with the person's claim. The Registrar shall also be authorized to require the production of this schedule by any person who has a right to the same, and to refuse to produce the same if he is not satisfied with the person's claim. The Registrar shall also be authorized to require the production of this schedule by any person who has a right to the same, and to refuse to produce the same if he is not satisfied with the person's claim.

# RETURN OF A BIRTH. L01596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, August 14 1893

4. Place of Birth, (Street and Number) City 44 parish ally

5. Full Name of Mother, X X

6. Mother's Maiden Name, Mary Ann

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, X X

9. Father's Occupation, X X

10. Father's Birthplace, X X

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1171 parish ally

Remarks, \_\_\_\_\_

LM 597

10. *Chelid.*

Fernald

W. H. L.

13 Aug

Chantrelle Ave 1327

Lizzie Gurruth

L. B. Miller

German

Wm Lloyd Garrison

ships as per letter

Baltimore

1152

404 South Bond St

Remarks, .....

RETURN OF A BIRTH. 191598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) Colored  
3. Date of Birth, August 12 1899  
4. Place of Birth, (Street and Number) Harvard 909  
5. Full Name of Mother, Henry Pinder  
6. Mother's Maiden Name, Henry Simmons  
7. Mother's Birthplace, Cambridge  
8. Full Name of Father, Henry Simmons  
9. Father's Occupation, labour  
10. Father's Birthplace, Wilmington Delaware  
Name of Medical Attendant, or other person who makes this Return, Sarah J. Wilson  
Address, No 115 Flacey st No 124  
Remarks, full 9 months



GIVEN NAME ADDED 10-4-56  
**RETURN OF A BIRTH.** A 101599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Mary Frances Friedley*  
 No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *August 10, 1893*

4. Place of Birth, (Street and Number) *Baltimore Odorico St 2720*

5. Full Name of Mother, *Ada Friedley*

6. Mother's Maiden Name, *Thilbrige*

7. Mother's Birthplace, *England*

8. Full Name of Father, *John Friedley*

9. Father's Occupation, *Cooper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Harrington*

Address, *924 Bimney St*

Remarks,

# RETURN OF A BIRTH L01600 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 August

4. Place of Birth, (Street and Number) Eastern Ave 500

5. Full Name of Mother, Mary Mammie Bates

6. Mother's Maiden Name, Mary Mammie Bates

7. Mother's Birthplace, Baltimore

8. Full Name of Father, \_\_\_\_\_

9. Father's Occupation, \_\_\_\_\_

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, Mrs. Schuman

Address, 409 South Bond St

Remarks, \_\_\_\_\_

and shall set forth as far as the said schedule of each and every birth shall occur without the attendance of a physician or practitioner of midwifery, or should no child be born, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11113 47

1. Sex, (state whether male or female) female  
2. Race or Color, (if not of the white race) colored  
3. Date of Birth, 1 august 1893  
4. Place of Birth, (Street and Number) 11 banner street  
5. Full Name of Mother, Martina Smith  
6. Mother's Maiden Name, Martina Smith  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Martin Smith  
9. Father's Occupation, laborer  
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James M. [illegible]

Address, 43 E. 82nd St. New York

Remarks, *None*

# RETURN OF A BIRTH. **A** 101602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 7th / 1893

4. Place of Birth, (Street and Number) No. 2340 Monmouth St.

5. Full Name of Mother, Anna M. Jones

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Germany

8. Full Name of Father, John F. Jones

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. E. Jones

Address, No. 1207 E. Monmouth St.

Remarks,

Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101603  
Office of Registrar of Vital Statistics, Board of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 7 of August 1893  
4. Place of Birth, (Street and Number) 20 Alchemar St  
5. Full Name of Mother, Justine Aksnux-Jackewitz  
6. Mother's Maiden Name, Justine Aksnux  
7. Mother's Birthplace, Russia  
8. Full Name of Father, Constantin Jackewitz  
9. Father's Occupation, Sailor  
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, *A. Schirman, M.D.*

Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_ 22, S. High Str

Remarks, .....

RETURN OF A BIRTH. 191604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. Sex, (state whether male or female) male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, August 4 1992  
 4. Place of Birth, (Street and Number) Baltimore 1905  
 5. Full Name of Mother, Elizabeth Swenson  
 6. Mother's Maiden Name, Elizabeth Larsen  
 7. Mother's Birthplace, Greenway  
 8. Full Name of Father, John Gustafson  
 9. Father's Occupation, Teacher  
 10. Father's Birthplace, Greenway  
 Name of Medical Attendant, or other person who makes this Return, John Gustafson  
 Address, 231 Pappleton St  
 Remarks, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, John H. Hunter

Address, 23 N. Poppleton St

Remarks, .....

Instructions require whose change of residence, and shall enter the same in black schedule, to be furnished to the Registrar of Health, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth of the child, the day of each and evening of the birth, the name of the medical attendant, the name of the physician, the name of the nurse, the name of the midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. <sup>A</sup>

101605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Aug. 25/93
4. Place of Birth, (Street and Number) 1724 E. Baltimore St
5. Full Name of Mother, Lillie Orestrom
6. Mother's Maiden Name, Bartholomew
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, John Orestrom
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other person who makes this Return, Charles Miller
- Address, 1605 Chalkboard St
- Remarks, \_\_\_\_\_



# RETURN OF A BIRTH L91606 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *25 August*
  4. Place of Birth, (Street and Number) *1215 N. St.*
  5. Full Name of Mother, *Mary ~~Thompson~~ Hansen*
  6. Mother's Maiden Name, *Mary Hansen*
  7. Mother's Birthplace, *Baltimore*
  8. Full Name of Father, *John Thompson*
  9. Father's Occupation, *Carpenter*
  10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Katie M. M. M.*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01607  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....  
1. Sex, (state whether male or female)..... Male  
2. Race or Color, (if not of the white race)..... White  
3. Date of Birth,..... 24 August  
4. Place of Birth, (Street and Number)..... Baltimore 717 Ramsey Street  
5. Full Name of Mother,..... Ella E. Fithian  
6. Mother's Maiden Name,..... Baltimore Ella E. Jubb  
7. Mother's Birthplace,..... Baltimore  
8. Full Name of Father,..... Smith P. Fithian  
9. Father's Occupation,..... Engineer  
10. Father's Birthplace,..... Kent County  
Name of Medical Attendant, or other person who makes this Return,..... Wm. H. H. H.  
Address,.....  
Remarks,.....

Birth records are to be kept by the Registrar of Vital Statistics, who shall receive from the attending physician, midwife, or other person who has attended the birth, a certificate of birth, which shall be filed in the office of the Registrar. The certificate shall be in the form of a certificate between the first and second day of each and every month to a physician or practitioner of midwifery, or to any other person who has attended the birth, and shall be signed by him, and shall contain the name of the child, the date and place of birth, and the sex of the child. In case the birth of any child is attended by a physician or practitioner of midwifery, or by any other person who has attended the birth, and who is not a member of the Board of Health, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 101608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 aug 1893 10:30 PM

4. Place of Birth, (Street and Number) Bank 2234 St

5. Full Name of Mother, Bell Anna Driscoll

6. Mother's Maiden Name, Bell Anna Hartman

7. Mother's Birthplace, Mathews Co Virginia

8. Full Name of Father, Thomas James Driscoll

9. Father's Occupation, mariner

10. Father's Birthplace, Mathews Co Virginia

Name of Medical Attendant, or other person who makes this Return Dr. J. M. Driscoll

Address, 212 N. Baltimore Ave

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. A 609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)---

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name*7. *Mother's Birthplace,*—

8. *Full Name of Father*

9. *Father's Occupation*..

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

Address,

Remarks,

## RETURN OF A BIRTH. 101610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, twenty second day of August

4. Place of Birth, (Street and Number) No. 1134 Cambria street

5. Full Name of Mother, Mrs. Rosa Self

6. Mother's Maiden Name, Rosa Beck

7. Mother's Birthplace, Russian

8. Full Name of Father, *Mr Henry Wells*

9. Father's Occupation..... *City Clerk*

10. Father's Birthplace, *Tamara*

Name of Medical Attendant, or other person who makes this Return.

Address, .....

Remarks, .....

# RETURN OF A BIRTH. **AL 1611** To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August the 21. 1893

4. Place of Birth, (Street and Number) Conward st. No 1100

5. Full Name of Mother, Mary E. Holine

6. Mother's Maiden Name, Mary E. Kelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis Labine

9. Father's Occupation, Labur

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Merrill S. Kelley

Address, No 1422 McKim St

Remarks, \_\_\_\_\_

Register of Births, Deaths, and Marriages, Baltimore City, 1893. This schedule shall contain the name of the child, the date of birth, the sex, the race or color, the date of death, the cause of death, the place of birth, the place of death, the name of the medical attendant, the name of the person who makes this return, and such other information as may be required by the Board of Health. This schedule shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be open to the inspection of any person who may wish to examine it. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall be responsible for the accuracy of the information contained in this schedule. Any person who furnishes false information in this schedule shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

And be it further enacted, that every person practicing midwifery in the City of Baltimore, who shall be charged with the delivery of a child, shall be required to file a return of the birth of such child, in the form of a certificate, to be furnished by the Commissioner of Health, and such return shall be filed with the Commissioner of Health, within the time and in the manner and under the penalties hereinafter provided. And be it further enacted, that every person practicing midwifery in the City of Baltimore, who shall be charged with the delivery of a child, shall be required to file a return of the birth of such child, in the form of a certificate, to be furnished by the Commissioner of Health, and such return shall be filed with the Commissioner of Health, within the time and in the manner and under the penalties hereinafter provided.

# RETURN OF A BIRTH. 191612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 18th 1893

4. Place of Birth, (Street and Number) 325 Mc Meekin St

5. Full Name of Mother, Margaret H. Schermit

6. Mother's Maiden Name, Margaret H. Schermit

7. Mother's Birthplace, Balto

8. Full Name of Father, Alphonse H. Schermit

9. Father's Occupation, Musician

10. Father's Birthplace, Pittsburg

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Hosenzoh

Address, 543 Mc Meekin St

Remarks, \_\_\_\_\_



[illegible]

RETURN OF A BIRTH. 191613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *male*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *September 14, 1893*  
4. Place of Birth, (Street and Number) *318 Myrtle Avenue*  
5. Full Name of Mother, *Hattie ~~Taylor~~ Taylor*  
6. Mother's Maiden Name, *Hattie Jones*  
7. Mother's Birthplace, *West River, Md.*  
8. Full Name of Father, *Ediga Taylor*  
9. Father's Occupation, *Fireman*  
10. Father's Birthplace, *Denton, Md.*  
Name of Medical Attendant, or other person who makes this report, *Shirley Burns*  
Address, *538 Boker street*  
Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female)..... Male and female  
2. Race or Color, (if not of the white race)..... Colored  
3. Date of Birth,..... September 16 1893  
4. Place of Birth, (Street and Number)..... Winder St No 15  
5. Full Name of Mother,..... Ida Carter  
6. Mother's Maiden Name,..... Ida Carter  
7. Mother's Birthplace,..... Baltimore  
8. Full Name of Father,..... Alfred Carter  
9. Father's Occupation..... Labour  
10. Father's Birthplace,..... Kent County, Maryland  
Name of Medical Attendant, or other person who makes this Return,..... Sarah Jane Wilson  
Address,..... No 424 West Henry St  
Remarks,..... Full 9 months

SECTION 22. And for the purpose of ascertaining that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct record of the births which have occurred under his or her care, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the date and place of birth, and the sex, color, race, and occupation of the mother, and the name of the practitioner in the form of a certificate, which shall be delivered to the office of the Commissioner of Health, within the first and third day of the month following the birth, and shall be subject to the inspection of the Commissioner of Health, and shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep. 18/93

4. Place of Birth, (Street and Number) 620 S. Charles St.

5. Full Name of Mother, Lene Miller

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Irish Miller

9. Father's Occupation, Pants maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lene Barber

Address, 44 E. York St

Remarks,

# RETURN OF A BIRTH. 191616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 & child

1. Sex, (state whether male or female) Male Charles J Schmidt

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1509 Eastern Ave 1899

4. Place of Birth, (Street and Number) 17 Sept

5. Full Name of Mother, Mary (Schmidt) Schmidt

6. Mother's Maiden Name, Mary Kavasiewez

7. Mother's Birthplace, Germany

8. Full Name of Father, John (Schmidt) Schmidt

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs Schuman

Address, 409 South Bond St

Remarks, \_\_\_\_\_

NAME added and corrections made from  
baptismal certificate  
See Document File No. L-01616  
6-30-42 C. L. Lillay, Clerk

And the Registrar shall certify that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct record of all births occurring in the City, and shall file the same with the Registrar of Health. This schedule shall be entered in the same manner as the schedule of births, and shall be subject to the same penalties as the schedule of births. The Registrar of Health shall be authorized to require the production of the schedule of births at any time, and to examine the same. The Registrar of Health shall also be authorized to require the production of the schedule of births at any time, and to examine the same. The Registrar of Health shall also be authorized to require the production of the schedule of births at any time, and to examine the same.

## RETURN OF A BIRTH. L01617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) Colored
  3. Date of Birth, September 16 1893
  4. Place of Birth, (Street and Number) No 11 W York St
  5. Full Name of Mother, Lucindy Barber
  6. Mother's Maiden Name, Lucindy Brainer
  7. Mother's Birthplace, Spotsylvania County Va
  8. Full Name of Father, Samuel Barber
  9. Father's Occupation, Occupation Barber
  10. Father's Birthplace, Goldsbery Maryland
- Name of Medical Attendant, or other person who makes this Return, Mary Baker
- Address, No 11 W York St
- Remarks,

[illegible]

## RETURN OF A BIRTH. 491618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) 2. Girls
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15<sup>th</sup> Sep
4. Place of Birth, (Street and Number) Creek Alley
5. Full Name of Mother, Kate Melher
6. Mother's Maiden Name, Kate Weaver
7. Mother's Birthplace, Germany
8. Full Name of Father, John Melher
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Miss Bonger Max Banger
- Address, Cross Street 111 west Cross st
- Remarks, \_\_\_\_\_



Any person who, in the city of Baltimore, fails to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH 191619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) last one boy

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 15

4. Place of Birth, (Street and Number) East Morris Ave St no. 112

5. Full Name of Mother, Sarah Jane Long

6. Mother's Maiden Name, Sarah Jane Harris

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Long

9. Father's Occupation, Rich Maper

10. Father's Birthplace, West Virginia Md

Name of Medical Attendant, or other person who makes this Return, Marie Commish

Address, 771 Boyd Street

Remarks, \_\_\_\_\_



LD 1620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. *Date of Birth,*..... 4/4/1873

4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother,.....

6. Mother's Maiden Name, Elizabeth

7. Mother's Birthplace,.....

8. Full Name of Father, .....

9. *Father's Occupation*.....

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return, James A. Smith

Address, .....

Remarks, .....

Wm. J. C. Dulany Co., City Printers and Stationers

Section 101621. Return of a Birth. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall receive and file a return of a birth, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of its parents, the date, time and place of birth, the name of the medical attendant, and the name of the person who makes the return. The return shall be filed within ten days of the birth, and shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 14 Feb

4. Place of Birth, (Street and Number) North St Baltimore

5. Full Name of Mother, Emma Bartchen

6. Mother's Maiden Name, Emma Kremer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frank Bartchen

9. Father's Occupation, Master

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss Bange

Address, 411 West Cross St

Remarks, \_\_\_\_\_

[illegible]

L91622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 Sept.*

4. Place of Birth, (Street and Number) *2223*

5. Full Name of Mother, *Lusurmus Hubblinger*

6. Mother's Maiden Name, *Annie Hubblinger*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Harman Quiburn*

9. Father's Occupation, *Fresco painter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mary A. Porter*

Address, *241 S. Chester St.*

Remarks,

Not to be filled out by the Registrar of Vital Statistics, Baltimore City, but by the physician or other person who attends the birth of the child. This schedule shall be filled out as far as the facts can be ascertained, and the Registrar of Vital Statistics shall be notified of the birth of the child within the time specified in the schedule. The Registrar of Vital Statistics shall be notified of the birth of the child within the time specified in the schedule. The Registrar of Vital Statistics shall be notified of the birth of the child within the time specified in the schedule.

# RETURN OF A BIRTH. L01623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 14<sup>th</sup>
4. Place of Birth, (Street and Number) Durham St. 730
5. Full Name of Mother, Bell Davooki
6. Mother's Maiden Name, // Oloki
7. Mother's Birthplace, Poland
8. Full Name of Father, Stanw. Davooki
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Mary R. R. R.
- Address, 602 Bond St.
- Remarks, \_\_\_\_\_

Health. If the attending physician or midwife, or other person who shall be present at the birth, shall fail to file a true and correct copy of this certificate with the Registrar of Vital Statistics, within the time specified, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 191624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 12th

4. Place of Birth, (Street and Number) 1414 Stevens Court

5. Full Name of Mother, Kate Lehn

6. Mother's Maiden Name, Kate Sheffer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Lehn

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. C. F. Fendrich

Address, 2849 N. Potomac Avenue

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. *ALM 625*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) White

3. *Date of Birth*, .....

4. Place of Birth, (Street and Number) 123 Madison

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*..... (Baltimore)

Name of Medical Attendant, or other person who makes this Return.

Address, 241 N. Chestnut St.

Remarks, .....

Every person practicing midwifery in the City of Baltimore, shall keep a book, in which he shall enter the names of the births which have occurred under his care, during the year, and shall set forth as far as the same and occupation in the said schedule, such and every person who shall fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 12 Sept 1893

4. Place of Birth, (Street and Number)..... 21 Hammond St

5. Full Name of Mother,..... Rosa Theodor

6. Mother's Maiden Name,..... Apple

7. Mother's Birthplace,..... Russia

8. Full Name of Father,..... Harry Theodor

9. Father's Occupation,..... Businessman

10. Father's Birthplace,..... Russia

Name of Medical Attendant, or other person who makes this Return,..... J. C. Dulany

Address,..... 21 Hammond St

Remarks, .....

Wm. J. C. Dulany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH. 101627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race) Whit

3. Date of Birth,..... 10 Sept 1893

4. Place of Birth, (Street and Number) 892 Canal St. +

5. Full Name of Mother, Annie Ireland

6. Mother's Maiden Name, Annie Saknes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Jacob Lakner

6. Father's Occupation. Barblish cart driver

6. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Schum

Address, 409 South Bond St

Remarks, .....

Section 100. Not to be further enacted and construed that every practitioner of midwifery in the City of Baltimore under whose attendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall, on or before the first day of the month next following the month in which the birth shall have taken place, file the same with the Commissioner of Health, and shall, as far as the same can be ascertained, give the name and occupation of the parents, the name of each child, (if any shall have been conceived) its sex, color, date of birth, and place of birth, and the name of the practitioner in the form of a certificate, to be signed by the practitioner and the attendant upon the mother, immediately thereafter, it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 101628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Color white.

3. Date of Birth, September.

4. Place of Birth, (Street and Number) 902 Durham St.

5. Full Name of Mother, Hanna Prucha.

6. Mother's Maiden Name, Mrs. Horky.

7. Mother's Birthplace, Rodindelef.

8. Full Name of Father, Charly Horky.

9. Father's Occupation, Jedrichover.

10. Father's Birthplace, Tabor.

Name of Medical Attendant, or other person who makes this Return, Moise Latoro

Address, 1010 Durham St.

Remarks, \_\_\_\_\_

Section 15. And be it further enacted, and ordained, that every person practicing medicine in the City of Baltimore under whose charge or supervision a birth shall occur, shall, after the birth, take place, shall keep a true and correct record of the same, and shall enter the same in a list of the births which have occurred, and shall, during the month, and shall set forth as far as the said record shall be ascertained, the full name of each child, the date and place of birth, the sex, color, race, and the name of its parents, the date and place of birth of the mother, and the name of the physician or practitioner of midwifery, in case the birth of any child shall occur within and every month to the office of the Commissioner of Health, in the manner and within the period of time required, and shall report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup> seventh

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8<sup>th</sup> September

4. Place of Birth, (Street and Number) 1825 Glenmont Ave.

5. Full Name of Mother, Antonine Businski

6. Mother's Maiden Name, Antonine Drioll

7. Mother's Birthplace, Bohemia Europe

8. Full Name of Father, Frank Businski

9. Father's Occupation, Taylor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Inflesia Saitora

Address, 1010 North Durham St.

Remarks, \_\_\_\_\_

And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who charges or receives any fee for attending a birth, shall hereafter be required to register the same on a blank schedule, to be furnished by the Commission of Health, and shall set forth as far as the same can be ascertained, the date, time, place, sex, color, and name of each child, if any shall have been born, and the date, time, place, and name of the mother, and the date, time, place, and name of the father, and the date, time, place, and name of the physician or midwife, and the date, time, place, and name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

5<sup>th</sup> 1893

4. Place of Birth, (Street and Number)

1018 Guilford Place

5. Full Name of Mother,

Georgina Harner Smith

6. Mother's Maiden Name,

Warner

7. Mother's Birthplace,

Balto Co.

8. Full Name of Father,

Mathias Smith

9. Father's Occupation,

Paper

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Fannie Myers.

Address,

No 223 Gay St

Remarks,

RETURN OF A BIRTH. 151631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother, -

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return,--

Address, ..

Remarks,

Baltimore, under whose charge or supervision the child was born, shall enter the name of the child, its sex, color, the date and place of birth, and the name of the mother, and shall set forth as far as possible the name of the father, the date and place of birth, and the name of the mother, and shall also enter the name of the physician or practitioner of health, in the manner and within the period above specified, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 18 1893

4. Place of Birth, (Street and Number) 35 St. Paul St

5. Full Name of Mother, Caroline Kline

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Russia

8. Full Name of Father, John Kline

9. Father's Occupation, Farmer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Morgan

Address, 24 St. Paul St

Remarks, \_\_\_\_\_

Any person who, without lawful excuse, neglects to report the birth of a child to the Registrar of Vital Statistics, or who, after reporting the birth of a child, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the death of a person to the Registrar of Vital Statistics, or who, after reporting the death of a person, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the marriage of a person to the Registrar of Vital Statistics, or who, after reporting the marriage of a person, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the divorce of a person to the Registrar of Vital Statistics, or who, after reporting the divorce of a person, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the adoption of a child to the Registrar of Vital Statistics, or who, after reporting the adoption of a child, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the birth of a child to the Registrar of Vital Statistics, or who, after reporting the birth of a child, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the death of a person to the Registrar of Vital Statistics, or who, after reporting the death of a person, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the marriage of a person to the Registrar of Vital Statistics, or who, after reporting the marriage of a person, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the divorce of a person to the Registrar of Vital Statistics, or who, after reporting the divorce of a person, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who, without lawful excuse, neglects to report the adoption of a child to the Registrar of Vital Statistics, or who, after reporting the adoption of a child, neglects to furnish the information required by the Registrar, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court.

## RETURN OF A BIRTH. L01633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sep 2<sup>nd</sup> 1898*

4. Place of Birth, (Street and Number) *Mad. Lyng in Hosp.*

5. Full Name of Mother, *Mary Murphy*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Mr. Know*

9. Father's Occupation, *Mr. Know*

10. Father's Birthplace, *Mr. Know*

Name of Medical Attendant, or other person who makes this Return, *Walter Brinton, M.D.*

Address, *Mad. Lyng - in Hospital*

Remarks, *Mr. Know*



Under whose charge an appropriate license shall be obtained for the purpose of recording the birth of children, and shall set forth as far as the facts of the birth, which have occurred within the limits of the city, the date and place of birth, and the sex, color, race, and name of the child, and the name of the mother, and the name of the father, and the name of the physician or practitioner of health, or should in any case be in attendance upon the mother, immediately after the birth of the child, and shall report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

191634

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September the 1/23

4. Place of Birth, (Street and Number) 110 Hill St

5. Full Name of Mother, Lissie Gold

6. Mother's Maiden Name, —

7. Mother's Birthplace, Russia

8. Full Name of Father, Ellie Gold

9. Father's Occupation, Paints maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lene Bascher

Address, 44 York St

Remarks, —

Births, deaths, marriages, divorces, and adoptions, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or practitioner of midwifery, or other person who shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines, and forfeitures are recoverable.

# RETURN OF A BIRTH. 151635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 May 93

4. Place of Birth, (Street and Number) 2220 E. Bay St

5. Full Name of Mother, Lina Young

6. Mother's Maiden Name, White

7. Mother's Birthplace, Germany

8. Full Name of Father, Wesley Young

9. Father's Occupation, Cabinet-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Young

Address, 1119 17 E. Monument St

Remarks, \_\_\_\_\_

Persons who, without license, practice medicine or surgery, or who, without license, practice dentistry, or who, without license, practice pharmacy, or who, without license, practice any other profession or business, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 12/1/956 Rg

# RETURN OF A BIRTH A. 1636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Langhorne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race)
  3. Date of Birth, 12/1/893
  4. Place of Birth, (Street and Number) 1212 Patterson St
  5. Full Name of Mother, Margarette Langhorne
  6. Mother's Maiden Name, Mcginnis
  7. Mother's Birthplace, Germany
  8. Full Name of Father, Andrew Langhorne
  9. Father's Occupation, Tailor
  10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. J. P. Carey
- Address, 1117 19th & Monument St
- Remarks,

Not to be filled out by the Registrar of Births, but by the Medical Attendant, or other person who makes this Return. The Registrar of Births, and every person acting as such, shall keep a true and correct register of such births, and shall enter the same on form No. 1, which shall be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred in the month, and shall contain the date and place of birth, and the sex, color, the full name of the child, the date and place of birth, and the name of the mother, and the name of the father, and the name of the medical attendant, or other person who makes this Return. The Registrar of Births, and every person acting as such, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. A. 101637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
  2. Race or Color, (if not of the white race) Colored
  3. Date of Birth, on the 12 of September
  4. Place of Birth, (Street and Number) No 212 Radgess Ave
  5. Full Name of Mother, Fannie Halley
  6. Mother's Maiden Name, Fannie Johnson
  7. Mother's Birthplace, Baltimore City
  8. Full Name of Father, George Halley
  9. Father's Occupation, Laborer
  10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Howard Johnson
- Address, No 129 Radgess Ave
- Remarks,

CERTIFICATE CORRECTED 2-24-49

RETURN OF A BIRTH. A-101638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Sophia Ellen (Bolek) Bullock*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 11 1893*
4. Place of Birth, (Street and Number) *St. Louis 2213*
5. Full Name of Mother, *Sophia (Bolek) Bullock*
6. Mother's Maiden Name, *Huderek*
7. Mother's Birthplace, *Bahaimen*
8. Full Name of Father, *Joseph (Bolek) Bullock*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Bahaimen*

Name of Medical Attendant, or other person who makes this Return, *Mary Keples*

Address, *Washington 203*

Remarks, \_\_\_\_\_

Section 101. Every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall be entered under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars: the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and third month of the child's life, signed by the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 191639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 1st 9 1/2 1893

4. Place of Birth, (Street and Number) 1230 Bank Street

5. Full Name of Mother, Killian Lellan

6. Mother's Maiden Name, Killian Briscoe

7. Mother's Birthplace, Balto

8. Full Name of Father, German Lellan

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. H. Hays, M.D.

Address, 212 Patterson Park Del

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. **A** 151640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 9 1893

4. Place of Birth, (Street and Number) Jefferson st 2218

5. Full Name of Mother, Mary Bendy

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, Bohaimen

8. Full Name of Father, Joseph Bendy

9. Father's Occupation, color

10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kofler

Address, Washington 205

Remarks, \_\_\_\_\_

And for the purpose of ascertaining the date of birth, the Registrar of Births, Deaths, and Marriages, shall keep a true and correct record of such births, and shall enter the same on the schedule, to be filed in the office of the Registrar of Births, Deaths, and Marriages, and shall set forth as follows: the name of the child, the date of birth, the sex, color, the full name and occupation of the father, the name of the mother, the name of the medical attendant, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month of the birth, the Registrar of Births, Deaths, and Marriages, shall report its birth to the Commissioner of Health, in the manner and form provided by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



Section 101641 of the City of Baltimore. Every person practicing midwifery in the city of Baltimore and every person who has been or shall be licensed to practice midwifery in the city of Baltimore shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Registrar of Births, and shall set forth as far as the facts of the birth are known, the date, hour, day, month, year, sex, color, the full name and occupation of the mother, the place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the name of the midwife, and the name of the child, and shall report its birth to the Commissioner of Health, in the form of a certificate, and shall cause the same to be filed in the office of the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. <sup>A</sup> 101641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 1 1893
4. Place of Birth, (Street and Number) Wain St No 117
5. Full Name of Mother, Mary Harris
6. Mother's Maiden Name, Mary Davis
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, Sam Davis
9. Father's Occupation, Labour
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Dr. J. S. Wilson
- Address, 124 Shree St
- Remarks, full 9 months

## RETURN OF A BIRTH. / L61642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, Sept 8 1893

4. *Place of Birth, (Street and Number)* Durham 911

5. Full Name of Mother, Mary Kaharalek

6. *Mother's Maiden Name.*

7. Mother's Birthplace, Behaim

8. Full Name of Father, Joseph Kapschick

9. Father's Occupation.....

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return Warr K. Hart

Address: W. H. C. Co. 220

*Remarks.*

## RETURN OF A BIRTH. L016421/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, ..... September 8 of 1871

4. *Place of Birth, (Street and Number)*..... 269 Bramhall St

5. Full Name of Mother, Charry Steinhour

6. Mother's Maiden Name, Mary Schultz

7. Mother's Birthplace, .....

8. Full Name of Father, ..... Charles W. Anchor

9. Father's Occupation..... Laborer

10. Father's Birthplace, Danbury, Conn.

Name of Medical Attendant, or other person who makes this Return, W. Mitchell

Address, ..... 216 Parkin st

Remarks.....

## AL01643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Island*  
3. Date of Birth, *Sept 7 1893*  
4. Place of Birth, (Street and Number) *227 to anburg st*  
5. Full Name of Mother, *Marie Adolph*  
6. Mother's Maiden Name, *Marie Masen*  
7. Mother's Birthplace, *Baltimore Md*  
8. Full Name of Father, *Charles Adolph*  
9. Father's Occupation, *labor*  
10. Father's Birthplace, *New market*  
Name of Medical Attendant, or other person who makes this Return. *Mrs. Mary G. G. G.*  
Address, *327 1/2 1/2 1/2*  
Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Wm. J. C. Dulany Co., City Printers and Stationers.

## RETURN OF A BIRTH. L01644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 1 1893

4. *Place of Birth, (Street and Number).* *La Crosse # 923*

5. Full Name of Mother, Mary Gavett

6. *Mother's Maiden Name.*

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Lazzarini

6. Father's Occupation..... *tailor*

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Harry H. McIntyre

Address, W. Edgar G. Egan 205

Remarks.

# RETURN OF A BIRTH. **L01645**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 6, 1897*

4. Place of Birth, (Street and Number) *1612 Franklin St.*

5. Full Name of Mother, *Carolina Linberger*

6. Mother's Maiden Name, *Carolina Meyer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Bernard Linberger*

9. Father's Occupation, *Shoe Finisher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Brown*

Address, *1600 N. 6th St. near Day*

Remarks, \_\_\_\_\_

Not to be filled out by the Registrar of Vital Statistics, Baltimore City, but by the physician or other person who makes this return. The return shall be made on the form provided for that purpose, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations. The return shall be made on the form provided for that purpose, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations. The return shall be made on the form provided for that purpose, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations.

# RETURN OF A BIRTH **L01646**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6 1893
4. Place of Birth, (Street and Number) Dallam St 1308
5. Full Name of Mother, Mary Minor
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Green
8. Full Name of Father, Flois Minor
9. Father's Occupation, Farmer
10. Father's Birthplace, Green
- Name of Medical Attendant, or other person who makes this Return, Mary Koptis
- Address, Edlington St
- Remarks,



# RETURN OF A BIRTH. L01647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
  2. Race or Color, (if not of the white race) white
  3. Date of Birth, Sept 5 1893
  4. Place of Birth, (Street and Number) Lape st 936
  5. Full Name of Mother, Maggie Parsley
  6. Mother's Maiden Name, Greener
  7. Mother's Birthplace, Texas
  8. Full Name of Father, Thomas Parsley
  9. Father's Occupation, labor
  10. Father's Birthplace, Greener
- Name of Medical Attendant, or other person who makes this Return, Mary Mott. G.
- Address, Washington 205
- Remarks, \_\_\_\_\_

**L01648**

Birth-mother will be charged for three consecutive and ordinary doses, per cent, practicing midwifery in the City or County of New York, and shall enter the same on blank schedule, to be furnished her by her care during the gestation of such birth, and shall submit a list of the births which have occurred under his or her care during the year, and shall submit the same to the Commissioner of Health, in the form of a certificate of birth, and the said certificate shall be delivered duly signed by the practitioner in the form of a certificate of birth, and the said schedule shall be delivered duly signed by the practitioner to the office of the Commissioner of Health, in case the birth of any child in the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth of such child, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Child

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*Elizabeth Taylor*  
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# Politik Brief

Baltimore

Robert C. Smith

Labrador

G. L. Thompson

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. *A101649*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Bleached*

3. Date of Birth, *September 5, '93.*

4. Place of Birth, (Street and Number) *Balto Md. Harford Road 108*

5. Full Name of Mother, *Dora Hermine Magdalena Hub.*

6. Mother's Maiden Name, *Minnie*

7. Mother's Birthplace, *Bremenhaven, Germany.*

8. Full Name of Father, *William Andreas Friedr. Hub.*

9. Father's Occupation, *Clerk of Fred. Walput's & Co. Hair Factory*

10. Father's Birthplace, *Polanitz (Suchau) Germany.*

Name of Medical Attendant, or other person who makes this Return, *Miss Elias*

Address, *1242 McEldry St. Balto Md.*

Remarks, *1475*

RETURN OF A BIRTH. **A01650**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female). *Boy*  
2. Race or Color, (if not of the white race). *white*  
3. Date of Birth, *Sept 4 1893*  
4. Place of Birth, (Street and Number). *Cham Washington*  
5. Full Name of Mother, *Mary Janson*  
6. Mother's Maiden Name, \_\_\_\_\_  
7. Mother's Birthplace, *Bohemia*  
8. Full Name of Father, *Joseph Janson*  
9. Father's Occupation, *tailor*  
10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, Henry S. Curtis

Address, Washington 205

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. **L01651**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child.*

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *Colored*
  3. Date of Birth, *Sept 3rd/93*
  4. Place of Birth. (Street and Number) *#1200 Lafayette Ave*
  5. Full Name of Mother, *Malinda Boldiz*
  6. Mother's Maiden Name, *Malinda Canphor*
  7. Mother's Birthplace, *Caberton Balto. Co*
  8. Full Name of Father, *Philip Boldiz*
  9. Father's Occupation, *Farmer*
  10. Father's Birthplace, *Balto City*
- Name of Medical Attendant, or other person who makes this Return, *~~Dr. H. H. H. H.~~ Sarah Rollins*
- Address, *1302 Pressman St*
- Remarks, \_\_\_\_\_



RETURN OF A BIRTH. ~~L~~01653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).....*White*.....

3. Date of Birth, 31st September 1893

4. Place of Birth, (Street and Number).....Rich St. No. 201.....

5. Full Name of Mother, ..... Anna Schohnwiesler .....

6. Mother's Maiden Name, Boyl

7. Mother's Birthplace,.....*Baltimore*.....

8. Full Name of Father, Max L. Schwanwieser

9. Father's Occupation..... *Baker* .....

10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, *Franklin Highway Fort Ely No 414*

Remarks, -----



# RETURN OF A BIRTH. **L01654**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 3. th 1873

4. Place of Birth, (Street and Number) 12 1502 Byrd St

5. Full Name of Mother, Annice Birney

6. Mother's Maiden Name, Annice Eyles

7. Mother's Birthplace, Frederick

8. Full Name of Father, Samuel Birney

9. Father's Occupation, Fireman

10. Father's Birthplace, Frederick

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, 12 1517 Byrd St

Remarks, —

RETURN OF A BIRTH A01655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 11 6

1. Sex, (state whether male or female).....ella tcher

2. Race or Color, (if not of the white race).....*W.C.*

3. Date of Birth, 1 Nov September 1893

4. Place of Birth, (Street and Number) Maline St. No. 184

5. Full Name of Mother, Louisa Krummelbein

6. *Mother's Maiden Name, Schuly*

7. Mother's Birthplace, Germanien

8. Full Name of Father, Leopold Krumelbein

9. Father's Occupation.....*Walt Nam*

10. *Father's Birthplace,* Germanien.

*Name of Medical Attendant,* or other person who makes this Return.

Address, *Marline Shway Sat Eby N 434*

Remarks,

RETURN OF A BIRTH. **E01656**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race).....white

3. Date of Birth, ..... 2 September 1893

4. Place of Birth, (Street and Number)..... 1358 <sup>St</sup> ~~Lower~~ <sup>St</sup> ~~St~~

5. Full Name of Mother, ..... Annie Spooner

6. Mother's Maiden Name,....." Frank

7. *Mother's Birthplace*,.....Germany

8. Full Name of Father, Charles Smith

9. *Father's Occupation.*..... *Librarian*

10. *Father's Birthplace,* ..... *Germany*

Name of Medical Attendant, or other person who makes this Return *Dr. E. L. Smith*

Address, Lull St. 1331

Remarks \_\_\_\_\_

Printed by C. Dulany Co., City Printers and Stationers.

Every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same in the schedule provided for that purpose by the Commissioner of Health. This schedule shall contain a list of the births, which have occurred under his or her supervision, and shall be delivered daily signed by the midwife, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 1st 1893

4. Place of Birth, (Street and Number) 29 Meyer Str

5. Full Name of Mother, Talbe Shenesensky

6. Mother's Maiden Name, -

7. Mother's Birthplace, Europe

8. Full Name of Father, Abraham Shenesensky

9. Father's Occupation, -

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecile Steiner

Address, 122 S. Exeter str

Remarks, -

## RETURN OF A BIRTH. AL01658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 9<sup>th</sup>

1. Sex. (state whether male or female)..... female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 15<sup>th</sup> 1893

4. Place of Birth, (Street and Number) 206 S. High. Str

5. Full Name of Mother, Goldie Cohn

6. *Mother's Maiden Name,*

7. Mother's Birthplace,.....Europe

8. Full Name of Father, Johannes Bohm

9. Father's Occupation..... Tailor

10. *Father's Birthplace,* \_\_\_\_\_ *Surname*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Cassie Steiner*

Address, 122 S. Exeter Str

Remarks,

[illegible]

And he is further enacted and ordained that every practicing midwife in the City of Baltimore, Md., who is required to attend a birth shall hereafter use the following blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and color of the child, the date and hour of birth, the name and occupation of its parents, the date and hour of delivery, and the name and occupation of the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become and the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provision of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **A** L01659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, September 30, 1893  
4. Place of Birth, (Street and Number) 1619 Pace Street  
5. Full Name of Mother, Annie Kasper  
6. Mother's Maiden Name, Annie Whitback  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Casper J. Kasper  
9. Father's Occupation, Glass-blower  
10. Father's Birthplace, France  
Name of Medical Attendant, or other person who makes this Return, Dr. A. Kasper  
Address, 213 E. North St.  
Remarks, Living Well

RETURN OF A BIRTH. L01660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female). *male child*

2. Race or Color, (if not of the white race)--- *white*

3. Date of Birth, Sep 27 1893.

4. Place of Birth, (Street and Number) 321 1/2 Harrington Ave

5. Full Name of Mother, Elizabeth Kimble

6. Mother's Maiden Name, Elizabeth Pulsherry

7. Mother's Birthplace, Union Milk Carriage Co

8. Full Name of Father, William Kinslee

9. Father's Occupation... Expressman

10. Father's Birthplace, ... Dublin Co York slide

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Linkel

Address, #17 Balthasar Ave

Remarks,



Section 100. And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall keep a true and correct record of the same, and shall enter the same on a blank schedule, to be furnished by the Board of Health, which shall be kept in the office of the Registrar of Vital Statistics, and shall set forth as far as the facts of the case will permit, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the mother, in case the mother shall be delivered, duly signed by the practitioner in the form provided for that purpose, and the date and place of birth; and the name and occupation of the father, in case the father shall be present at the birth; and the attendance upon the child, and the name and occupation of the physician or practitioner of midwifery, or should no other person of such name be present at the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 September 1893

4. Place of Birth, (Street and Number) Chapel st 1324

5. Full Name of Mother, Mari Chlad

6. Mother's Maiden Name, Mari Shubeshkova

7. Mother's Birthplace, Bohemia Europe

8. Full Name of Father, Jan Chlad

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia Europe

Name of Medical Attendant, or other person who makes this Return, Aloisia Satoro

Address, 1010 Durham st

Remarks, \_\_\_\_\_

And he is further directed that every person procuring such a return in the City of Baltimore, or whose child or children are born in the City of Baltimore, shall keep a true and correct record of the births which have occurred in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date and place of birth, the name of the physician or practitioner of midwifery, and the name of the person or persons who shall hereafter be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

Sec. 1002. And be it further enacted, that every person practicing medicine in the City of Baltimore, under whose charge a child is born, shall, immediately after the birth of such child, and shall set forth in a list of the births which have occurred during the month, and shall set forth its sex, color, the full name of its parents, the date and place of birth, and the name of the medical attendant, in the form of a certificate between the first and third of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, he or she shall, immediately thereafter, report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, 18 Sept 1890
  4. Place of Birth, (Street and Number) 238 Pennsylvania St
  5. Full Name of Mother, Elizabeth E. Brown
  6. Mother's Maiden Name, Richardson
  7. Mother's Birthplace, Italy
  8. Full Name of Father, George C. Brown
  9. Father's Occupation, Bookkeeper
  10. Father's Birthplace, Italy
- Name of Medical Attendant, or other person who makes this Return, W. H. Brown
- Address, 238 Pennsylvania St
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....  
2. Race or Color, (if not of the white race).....  
3. Date of Birth,.....  
4. Place of Birth, (Street and Number).....  
5. Full Name of Mother,.....  
6. Mother's Maiden Name,.....  
7. Mother's Birthplace,.....  
8. Full Name of Father,.....  
9. Father's Occupation.....  
10. Father's Birthplace,.....  
Name of Medical Attendant, or other person who makes this Return.....  
Address.....  
Remarks, .....

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy  
2. Race or Color, (if not of the white race) Colored  
3. Date of Birth, September 3 1893  
4. Place of Birth, (Street and Number) Cross St 517  
5. Full Name of Mother, Victory Robinson  
6. Mother's Maiden Name, Victory Smother  
7. Mother's Birthplace, Calverton Co  
8. Full Name of Father, William Robinson  
9. Father's Occupation, Cart Driver  
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, *Mary Maher*

Address, Ho 11 New York St

Remarks,

Section 5. And be it further enacted, that every person practicing midwifery in the City of Baltimore, who shall be charged or superintendence a birth shall hereafter keep a time and correct register of such births, and shall set forth as far as the same can be ascertained, the name of each child, the sex, color, the full name and occupation of its parents, the date, time, place and manner of its birth, and the name of the practitioner or practitioner of midwifery, or should no other person be present at the birth, the name of the person who attended upon the mother, immediately after the birth, and shall report the same to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. <sup>A</sup> L01666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) M
3. Date of Birth, Sept 30
4. Place of Birth, (Street and Number) 2238 Parkview St
5. Full Name of Mother, Anne Werbek
6. Mother's Maiden Name, Korsek
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Werbek
9. Father's Occupation, Wholesaler
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Miss Mary Keegan
- Address, 412 East N
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female). *male*

2. *Race or Color, (if not of the white race)*—

3. Date of Birth, ..... 20<sup>th</sup> September 1900

4. Place of Birth, (Street and Number)..... 9030 36th Avenue

5. Full Name of Mother, Mrs Anna Häner

6. *Mother's Maiden Name,* Rosenthal

7. *Mother's Birthplace*,..... *Baldwin*

8. Full Name of Father, Mr. Johann Heinrich

9. Father's Occupation. La Brea

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M. J. S. P. [Signature]

Address, 1225 Grove St

Remarks, .....



RETURN OF A BIRTH. L01668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female).....Male.....

2. Race or Color, (if not of the white race)-----

3. Date of Birth, 30<sup>th</sup> Sept 1899

4. Place of Birth, (Street and Number) 110 Maple Street

5. Full Name of Mother, Louise Brant

6. Mother's Maiden Name, Laurie Bloman

7. *Mother's Birthplace*,.....*Germany*

8. Full Name of Father, Robert Frank

9. Father's Occupation..... Baker Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Burns

Address, 1600 W. 6th St. St. Louis, Mo.

Remarks, .....

RETURN OF A BIRTH. L01669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

4. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. *Date of Birth*, ..... 27 Sept

4. *Place of Birth, (Street and Number)*..... 121 Highland

5. Full Name of Mother, Anna S. [unclear]

6. Mother's Maiden Name, Anna Gundersen

7. Mother's Birthplace, Pa. H.

8. Full Name of Father, ..... *Lehorist Guntur* .....

9. Father's occupation Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Frederick B. Hall

Address, 2116 W. 4th St. Portland, Ore.

Remarks, .....

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, September 29 1893

4. Place of Birth, (Street and Number) 914 Clifton Place City

5. Full Name of Mother, Mary Estelle Cooke  
6. Mother's Maiden Name, Cooke

6. Mother's Maiden Name, M. Estlin Tibbs

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, *Abel Dennis Cook*

9. Father's Occupation, ..... Cook  
10. Father's Birthplace, ..... Coatham

0. Father's Birthplace, Countessman  
Name of Medical Att. Dutton Howard Co

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary Gibbs*  
Address

Address, Mrs Mary Tully  
Remarks 914 Clifton Place C't

Remarks,.....

RETURN OF A BIRTH. L01671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, .....

4. Place of Birth, (Street and Number)..... 3043 E. 11th St. S. S.E. 1

5. Full Name of Mother, Rose Anna Holm

6. Mother's Maiden Name, Rose Anna McLean  
Rose Anna O'Hara

7. Mother's Birthplace, ..... Ireland

8. Full Name of Father, Charles W. McKeane

8. Father's Occupation..... Iron Moulder

Name of Medical Attendant \_\_\_\_\_ Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John W. Williams  
Address 1000 14th St. N. W.

Remarks

Wm. J. C. Dulany Co., City Printers and Stationers

And he is further directed and ordered that every person practicing as a midwife in the City of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall, within the month of the birth, and shall enter the same on blank forms to be furnished by the Commissioner of Health, and shall set forth as far as the facts can be ascertained the full name of the mother, the date and place of birth, and the sex, color, the full name of the father, the date and place of birth, and the occupation of the father, and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 28

4. Place of Birth, (Street and Number) West St 154

5. Full Name of Mother, Sarah Ann Hardy

6. Mother's Maiden Name, Williams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles J. Hardy

9. Father's Occupation, Paper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Olinich

Address, 500 Leadenhall St

Remarks,

SECTION 2. A Record of Vital Statistics in the City of Baltimore. Baltimore under whose charge or supervision, and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of the births which have occurred under his or her supervision, and shall set forth as far as the law directs, the full name of each child, if any, shall be delivered, the date and place of birth; and the name of the practitioner in attendance upon the birth of any child, and the name of the physician or practitioner of midwifery, or other person be in attendance upon the birth of any child, in the manner and within the period above prescribed, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **L01673**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28
4. Place of Birth, (Street and Number) Chase St. 1238
5. Full Name of Mother, Antonina Naviski
6. Mother's Maiden Name, 1 Sigoi
7. Mother's Birthplace, Poland
8. Full Name of Father, Vincent Naviski
9. Father's Occupation, Labourer
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Mary Kuczka
- Address, 602 Bond St.
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Calves

3. Date of Birth, September the 27<sup>th</sup> 1790

4. Place of Birth, (Street and Number)..... 312 Kane Street

5. Full Name of Mother, Richard Estep

6. Mother's Maiden Name, *Nicholas Twain*

7. Mother's Birthplace,..... *in Sandusky Co. Ind*

8. Full Name of Father, William Thomas

9. Father's Occupation..... *Chorman*

10. Father's Birthplace, Lefford, Cairn, Mo.

Name of Medical Attendant, or other person who makes this Return, Lucy Caspary

Address, No 2557 Camelotte

Remarks, .....



And be it further enacted and ordained that every practicing midwife, in the City of Baltimore, who shall attend a birth, shall hereafter take and enter in the City Register of such birth, and shall enter in the said register, a list of the births which shall be conferred by her, as the same can be ascertained, the full name and occupation of its parents, the date of birth, and the third day of each and every month to the official or the practitioner in the form of a certificate be sent to the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or the practitioner of midwifery, or should no other person be present, the duty of the person or persons of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Sept 29*
4. Place of Birth, (Street and Number) *1044 Shields Alley*
5. Full Name of Mother, *Annie Brown*
6. Mother's Maiden Name, *—*
7. Mother's Birthplace, *—*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*

Name of Medical Attendant, or other person who made this Return, *M. Bellone, M.D.*

Address, *622 W Lombard St*

Remarks, *—*

And he is to further certify that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of each birth occurring in the City, and shall enter the same on the schedule, to be provided for that purpose, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And he is to further certify that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of each birth occurring in the City, and shall enter the same on the schedule, to be provided for that purpose, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH A L01676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 27th Sept 1893
4. Place of Birth, (Street and Number) 1544 Boyle St
5. Full Name of Mother, Kate Herckbrungen
6. Mother's Maiden Name, Snitten
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Herckbrungen
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell
- Address, 436 E Front Ave
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male.  
2. Race or Color, (if not of the white race) White.  
3. Date of Birth, Sep 23, 1893.  
4. Place of Birth, (Street and Number) 828 Canton St.  
5. Full Name of Mother, Ida Baluger.  
6. Mother's Maiden Name, Ida Gray.  
7. Mother's Birthplace, Balto.  
8. Full Name of Father, Charles Baluger.  
9. Father's Occupation, Laborer.  
10. Father's Birthplace, Balto.  
Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine.  
Address, 824 Canton St.  
Remarks.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine  
Address, 124 Canton St.

Remarks, .....



Any person who shall neglect to file a true and correct copy of this return with the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time prescribed, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3. *th* child

1. Sex, (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*14<sup>th</sup> September*

4. Place of Birth, (Street and Number)

*Greene Street 1438*

5. Full Name of Mother,

*Ellen Kaiser*

6. Mother's Maiden Name,

*Ellen Heanly*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*Charles Kaiser*

9. Father's Occupation,

*Printer*

10. Father's Birthplace,

*Baltimore*

Name of Medical Attendant, or other person who makes this Return,

*Lizzie Shaffer*

Address,

*Fort Ave. Bk. 1438*

Remarks,

Register of Births, Deaths, and Marriages. This schedule shall contain a full name and occupation of its parent or her husband, and the name of each child, if any, shall have been conferred, its sex, date of birth, and place of birth; and the day of each and every month to the day of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of the family to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A** **LO1680**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 24th Sept.

4. Place of Birth, (Street and Number) 602 Rose St.

5. Full Name of Mother, Mrs Rosa Koch

6. Mother's Maiden Name, Aschopska

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr. James Koch

9. Father's Occupation, Sealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs J. Liebschmann

Address, 1225 Fare St

Remarks, \_\_\_\_\_

[illegible]

RETURN OF A BIRTH. L01681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female). *male*

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 23<sup>rd</sup> April

4. *Place of Birth, (Street and Number)*..... 1233 Horse St

5. Full Name of Mother, Mrs. Johana Paeleko

6. Mother's Maiden Name, Kate A.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Mr. Michael Pascoe

9. *Father's Occupation*..... *Labourer*

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, James P. [Signature]

Address, 1225 1/2 Ave. 2

Remarks, .....



Sec. 1008. 7c.—And be it further enacted, That every person practicing midwifery in the City of Baltimore under whose charge any child is born, shall, within the first month after the birth of such child, enter the same on blank schedule, to be provided for that purpose by the Commissioner of Health. This schedule shall be as far as the same is practicable, in conformity with the schedule provided for that purpose by the Commissioner of Health. And be it further enacted, That every person practicing midwifery in the City of Baltimore under whose charge any child is born, shall, within the first month after the birth of such child, enter the same on blank schedule, to be provided for that purpose by the Commissioner of Health. This schedule shall be as far as the same is practicable, in conformity with the schedule provided for that purpose by the Commissioner of Health. And be it further enacted, That every person practicing midwifery in the City of Baltimore under whose charge any child is born, shall, within the first month after the birth of such child, enter the same on blank schedule, to be provided for that purpose by the Commissioner of Health. This schedule shall be as far as the same is practicable, in conformity with the schedule provided for that purpose by the Commissioner of Health.

RETURN OF A BIRTH. **A** L01682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) **II.**

1. Sex, (state whether male or female) **male**

2. Race or Color, (if not of the white race) **white**

3. Date of Birth, **23. Sept (3 1/2 40 Afternoon.) 1893**

4. Place of Birth, (Street and Number) **Baltimore W. 9th.**

5. Full Name of Mother, **Anna Elisabeth.**

6. Mother's Maiden Name, **Meijer.**

7. Mother's Birthplace, **Brooklyn - New York.**

8. Full Name of Father, **Oskar Wilhelm Heimicke.**

9. Father's Occupation, **Machinist.**

10. Father's Birthplace, **Burg. a. Elbe, Prov. Sachsen, Germany.**

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, **Mrs. M. Kanne, 220 E. Fremont Ave.**

Remarks, \_\_\_\_\_

RETURN OF A BIRTH **101683**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 September 1873

4. Place of Birth, (Street and Number) Madame, 46

5. Full Name of Mother, Henrietta Cuffell

6. Mother's Maiden Name, Henrietta Schickel

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John A. Buffum

9. *Father's Occupation,* *Hammer*

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 1713 Eastern Ave

Remarks,

20310

Any person who shall fail to comply with the provisions of this section shall be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH **LO1684**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, Sept 22 1893

4. Place of Birth, (Street and Number) 1427 Thilpot St.

5. Full Name of Mother, Ellen Aburn

6. Mother's Maiden Name, Bar

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Aburn

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, (or other person who makes this Return) Mary Steir

Address, 1427 E Pratt St.

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. **A-101685**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 20, 1893

4. Place of Birth, (Street and Number) 713 East Allen

5. Full Name of Mother, Mrs. L. C. Roman

6. Mother's Maiden Name, Noble Nelson

7. Mother's Birthplace, ..... Pa. U.

8. Full Name of Father, James M. Smith

9. Father's Occupation..... *Student*

10. *Father's Birthplace,* ----- *Bellevue*

Name of Medical Attendant, or other person who makes this Return, Mary L. Swann

Address, 824 Canton St.

Remarks,

Commissioner of Health, Baltimore City. This schedule shall be filled out by the physician, midwife, or other person who makes this return, and shall be filed in the office of the Commissioner of Health, Baltimore City, within three days after the birth of the child. The full name of each child, the date and place of birth, and the sex of each child, shall be entered in the form of a certificate between the first and third day of each and every month. The certificate shall be signed by the physician, midwife, or other person who makes this return, and shall be filed in the office of the Commissioner of Health, Baltimore City, within three days after the birth of the child. Any person who fails to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 of Sept

4. Place of Birth, (Street and Number) 116 Edison Ave

5. Full Name of Mother, Louise Tarash

6. Mother's Maiden Name, I Gottlieb

7. Mother's Birthplace, Germany

8. Full Name of Father, August Tarash

9. Father's Occupation, Seber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler

Address, 2116 West Pratt

Remarks, M d

RETURN OF A BIRTH. **L01686**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 2

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 20, 1893

4. Place of Birth, (Street and Number)..... 2942 Hudson St.

5. Full Name of Mother, Mary Parks

6. Mother's Maiden Name, Mary Childs

7. Mother's Birthplace, 119 St. Louis

8. Full Name of Father, Alfred W. Parker

9. Father's Occupation..... Laborer

10. *Father's Birthplace,* Barth

Name of Medical Attendant, or other person who makes this Return, -

Address, 834 Canton St.

Remarks,

Section 5—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall, within one month after the birth, enter the same on the schedule provided for that purpose, and shall set forth as fully as possible the date, time, place, sex, color, and occupation of its parents, the date of birth, and the name of the child, and the name of the practitioner in the form of a certificate to be signed by the practitioner of midwifery, or should no other person be in attendance without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **A**LO1687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 18 September

4. Place of Birth, (Street and Number) Baltimore 2638 Francis Street

5. Full Name of Mother, Bessie C. Stonerfer

6. Mother's Maiden Name, Bessie C. Myers

7. Mother's Birthplace, Maryland

8. Full Name of Father, Oliver Stonerfer

9. Father's Occupation, Latimer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return,

Address, 731 North Howard St

Remarks, 731 North Howard St



Section 100. And be it further enacted and ordained that every practicing midwife in the City of Baltimore, who registers her name and business under the provisions of the Act to amend the Act relating to the registration of such birth and health, shall be subject to the provisions of this section. And be it further enacted and ordained that every practicing midwife in the City of Baltimore, who registers her name and business under the provisions of the Act to amend the Act relating to the registration of such birth and health, shall be subject to the provisions of this section. And be it further enacted and ordained that every practicing midwife in the City of Baltimore, who registers her name and business under the provisions of the Act to amend the Act relating to the registration of such birth and health, shall be subject to the provisions of this section.

RETURN OF A BIRTH. **LO1688**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Margaret Cecelia Gahan*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *Sep 16<sup>th</sup> 1893.*
  4. Place of Birth, (Street and Number) *1008 Pines Place*
  5. Full Name of Mother, *Margaret Cassenby*
  6. Mother's Maiden Name, *Margaret Golan*
  7. Mother's Birthplace, *Ireland*
  8. Full Name of Father, *John Gahan*
  9. Father's Occupation, *Driver*
  10. Father's Birthplace, *Texas Ball Co*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Woodin*
- Address, *882 Greenmount Ave 1008 Pines Place*
- Remarks, \_\_\_\_\_

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or certificate of the Board of Health, shall be and is hereby required to register of such births, and shall be held responsible for the correctness of the same, and for the payment of the fee thereon, and for the preservation of the same, and for the production of the same when required by the Board of Health. This schedule shall contain a list of the births occurring in the City of Baltimore, and shall be set forth as far as the same can be ascertained, in the form of a certificate, and shall be signed by the practitioner in the form of a certificate, and shall be filed in the office of the Commissioner of Health, in case the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, and shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **L01689**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.
1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 16th Sept.
4. Place of Birth, (Street and Number) 1235 Hare St.
5. Full Name of Mother, Mrs. Lydia Wassner
6. Mother's Maiden Name, Losmang
7. Mother's Birthplace, Polen.
8. Full Name of Father, Mrs. Charles Wassner
9. Father's Occupation, Labore
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Mrs. J. L. Lamm
- Address, 1235 Hare St.
- Remarks, \_\_\_\_\_



RETURN OF A BIRTH. **A** **E01691**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)-

3. *Date of Birth,* ..... *Sep. 13 - 1893*

4. Place of Birth, (Street and Number) 307 S. Bond St.

5. Full Name of Mother, *Anna Priugga*

6. Mother's Maiden Name, Pirrone

7. Mother's Birthplace,..... *Italia*

8. Full Name of Father, Vincenzo Strivana

9. Father's Occupation.....Shoe Maker

10. Father's Birthplace, *Italia*

Name of Medical Attendant, or other person who makes this Return, Marg Stein

Address, 1427 E. Peatt St. 7

Remarks, \_\_\_\_\_

Section 10. And be it further enacted, and it is hereby enacted, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to file with the Commissioner of Health, a birth certificate, to be filled out and corrected by the practitioner, and shall set forth as far as the same can be ascertained, the name of the child, the date of birth, the sex, color, race, and the full name and occupation of its parents, the place of birth, and the day of delivery, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, on or before the third day of the month following the month in which the birth shall occur, and shall be subject to the penalty of a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. E01692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 13th 1893
4. Place of Birth, (Street and Number) 1927 Alice Anna St
5. Full Name of Mother, Antonia Dudziewski
6. Mother's Maiden Name, Dziednic
7. Mother's Birthplace, Poland
8. Full Name of Father, John Dudziewski
9. Father's Occupation, laborer
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Mary Pratt
- Address, 838 S. Bond St.
- Remarks, \_\_\_\_\_

Baltimore under whose jurisdiction the birth occurred, and undated, that every person practicing as a midwife in the City of Baltimore shall register of such birth, and shall enter the name of the child, the sex, color, date and place of birth, the name of the mother, and shall enter the name of the father, if known, and shall enter the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **L01693**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 of Sept
4. Place of Birth, (Street and Number) 1737 Frederick Ave
5. Full Name of Mother, Bertha Schankins
6. Mother's Maiden Name, Bertha Satogsky
7. Mother's Birthplace, Germany
8. Full Name of Father, Charly Schankins
9. Father's Occupation, Painter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Friederike Heuler
- Address, 2116 West Pratt
- Remarks, 16 d

RETURN OF A BIRTH. **L01694**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, September 4 1893  
4. Place of Birth, (Street and Number) Baltimore, Baltimore  
5. Full Name of Mother, Laura J. Ballas  
6. Mother's Maiden Name, Boyer  
7. Mother's Birthplace, Baltimore, Maryland  
8. Full Name of Father, Samuel J. Ballas  
9. Father's Occupation, Clerk  
10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return,

*Address,*

Remarks,



**A-101695**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 7 - 1893

4. Place of Birth, (Street and Number)..... 316 S. Bechel St

5. Full Name of Mother, Annie Thrupp

6. *Mother's Maiden Name,* Kramm

7. Mother's Birthplace,.....Germany

8. Full Name of Father, *Willie Trebach*

9. Father's Occupation..... Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who made this Return, David Steier

Address, *W. E. Pratt, Jr.*

Remarks, \_\_\_\_\_

Section 2.—And he or she further enacted and ordained, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the full name of each child, if any, shall have been born, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, color, the full name and occupation of the mother, and the name of the practitioner in the form of a certificate between the first and third day of each month, and every month to the office of the Commissioner of Health, or should the other person be in attendance upon the mother, then to the physician or practitioner of midwifery, or should the other person be in attendance upon the mother, then to the physician or practitioner of midwifery, in the manner and within the period also prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, **L01696**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Anna Gertrude Wamhoff*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 6*
4. Place of Birth, (Street and Number) *Baltimore City 1816 Kender*
5. Full Name of Mother, *Maggie Jane Wamhoff*
6. Mother's Maiden Name, *Maggie Jane Dill*
7. Mother's Birthplace, *Dundee, Scotland*
8. Full Name of Father, *Frank B. Wamhoff*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return,

Address, *Mrs Mary J. Shrockmeyer*

Remarks, *731 Cumberland St*

CORRECTED BY *Baptismal Record*  
SEE DOCUMENT FILED IN *h: 101696*  
DATE *4/11/96* *M. A. Whelan*  
CLERK

Section 76. And to further enacted and ordained that every person attending in the City of Baltimore, and to the office of the Commissioner of Health, or to the office of the Registrar of Health, shall be charged with the duty of reporting to the Commissioner of Health, or to the Registrar of Health, the birth of every child born in the City of Baltimore, and shall set forth as far as the same can be ascertained, the date of birth, the sex, the race or color, the full name and occupation of its parents, the date of birth, and the third day of each and every child born in the City of Baltimore, and shall report the same to the office of the Commissioner of Health, or to the office of the Registrar of Health, immediately after the birth of such child, and shall report the same to the Commissioner of Health, or to the Registrar of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. *A* L01697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 6 - 1893*

4. Place of Birth, (Street and Number) *119 N. Greeter St.*

5. Full Name of Mother, *Emma Dayly*

6. Mother's Maiden Name, *Hayes*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Dayly*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this return, *Mary Stein*

Address, *1427 E. Pratt St.*

Remarks,

Section 2. And be it enacted, that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on blank sheets provided by the Commissioner of Health, and shall set forth in each entry the name of the child, its sex, color, the date and place of birth, and the occupation of its parents, the date and place of birth of the mother, and the date of her last confinement, and the date of her death, if she should die within the month, and shall set forth in each entry the name of the physician or practitioner of medicine, or other person who attended upon the mother, immediately thereafter it shall become the duty of the physician or practitioner of medicine, or other person who attended upon the mother, to report its birth to the Commissioner of Health, in the manner and within the time and under the penalty above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **L01698**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Apr 4 - 1893
4. Place of Birth, (Street and Number) 414 S. Exeter St.
5. Full Name of Mother, Lizzie Kane
6. Mother's Maiden Name, Pinn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Kane
9. Father's Occupation, Engineer
10. Father's Birthplace, Washington D.C.
- Name of Medical Attendant, or other person who makes this Return, Mary Stein
- Address, 1427 E Pratt St.
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH **A** **L01700**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, *Sep 24 1893*

4. Place of Birth, (Street and Number) 406 E Astor Ave

5. Full Name of Mother, Hellen Rose

6. Mother's Maiden Name, Helen Nahone

7. Mother's Birthplace, ..... Ball

8. Full Name of Father, Joseph, Ron

9. Father's Occupation..... Labor

10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mary L. Swanson

Address, 826 Canton St. S

Remarks, .....

Section 100. Every person practicing in the City of Baltimore under whose charge a child is born, shall, hereafter take place, shall keep a record of the birth of such child, and shall enter the same in a list of the births which have occurred in his or her office during the month, and shall set forth as follows: the name of the child, the date of birth, the sex, the color, the full name of the mother, the occupation of its parents, the date and place of birth, the day of each and every month to the office of the Commissioner of Health, in the manner and within the time above required, and shall report its birth to the Commissioner of Health, in the manner and within the time above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH--L01701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 14<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept 1<sup>st</sup>
4. Place of Birth, (Street and Number) 805 Harmony Lane
5. Full Name of Mother, Sarah Cornick.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —
- Name of Medical Attendant, or other person who attended this birth, W. Larned, M.D.
- Address, 627 N. Lombard St.
- Remarks, —

RETURN OF A BIRTH. L01702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, September 1<sup>st</sup> 1893

4. Place of Birth, (Street and Number) 866, Howard St

5. Full Name of Mother, Theresa Schmiling

6. Mother's Maiden Name, Theresa Myers

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, George Schmailz

9. Father's Occupation, *Seabrook*

10. *Father's Birthplace,* ..... *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address, Widow Theresa Foster

Remarks, to 538 Biddle Alley



RETURN OF A BIRTH. **L01703**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)..... Female  
2. Race or Color, (if not of the white race).....  
3. Date of Birth,..... 1st Sept 1893  
4. Place of Birth, (Street and Number)..... 407 E. Clement St  
5. Full Name of Mother,..... Christina Lurvey  
6. Mother's Maiden Name,..... White  
7. Mother's Birthplace,..... Delaware  
8. Full Name of Father,..... Harrison Lurvey  
9. Father's Occupation,..... Laborer  
10. Father's Birthplace,..... Edenton N. C. Baltimore  
Name of Medical Attendant, or other person who makes this Return,..... Elizabeth Jewell  
Address,..... 436 E Fort Ave  
Remarks,.....

**A LO1704**

121st-

terre

While

Sept. 1, 1893

11574. Lombard St-

Anni Ardis

Mr d

Mr d

.....

Year	Percentage of Respondents
1990	65
1991	68
1992	70
1993	72
1994	75
1995	78
1996	80
1997	82
1998	84
1999	85
2000	85

Chas. J. Kier

115 W. Lombard St.

.....

[illegible]

Section 2. Any person who is not a resident of the City of Baltimore and who is not a member of the Board of Health, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 26 1893

4. Place of Birth, (Street and Number) 914 N. Ashmont

5. Full Name of Mother, Mary E Price

6. Mother's Maiden Name, Berry

7. Mother's Birthplace, City

8. Full Name of Father, Orlando K Price

9. Father's Occupation, Manager

10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return, Dr. J. F. Fetter

Address, 903 N. Ashmont St

Remarks,

RETURN OF A BIRTH **L01706**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

Fernald

2. Race or Color, (if not of the white race).

Coleridge

3. *Date of Birth,*

September 26/1898.

4. Place of Birth, (Street and Number) Dallas St 17

Dollar 25 15

5. *Full Name of Mother,*

Julia Chambers

6. *Mother's Maiden Name,*

Julia Craig

7. *Mother's Birthplace,*

Back      neck

8. *Full Name of Father,*

Joshua Chambers

9. *Father's Occupation,*

lovers

10. *Father's Birthplace.*

Back river neck

*Name of Medical Attendant,* or other person who makes this Return.

Hester Lemah mekas, ream

*Address,*

3/4 Grouse weed

Remarks,

1. I don't must excuse me for not sending in before

RETURN OF A BIRTH. **L01707**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *Sept 25 1873*  
4. Place of Birth, (Street and Number) *111 Harvard St. C*  
5. Full Name of Mother, *Fannie A. Bodine*  
6. Mother's Maiden Name, *Fannie A. Johnson*  
7. Mother's Birthplace, *Eastern Shore Va.*  
8. Full Name of Father, *William M. Bodine*  
9. Father's Occupation, *labor*  
10. Father's Birthplace, *Eastern Shore Va.*  
Name of Medical Attendant, or other person who makes this Return, *Maria Wright*  
Address, *1018 N. Wolf St. Balt - Md.*  
Remarks,

Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, September 25<sup>th</sup> 1893

4. Place of Birth. (Street and Number) 1366 Woodward St Baltimore

5. Full Name of Mother, Anna S. Bushong

6. Mother's Maiden Name, Anna S. Morris

7. Mother's Birthplace, St. Marys Co. Md

8. Full Name of Father, Thomas J. Bushong

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ashland Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Carroll

Address, 1385 Woodrow St

Remarks, \_\_\_\_\_

Section 7. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of all the births which occur in the City, and shall enter the same in a book to be provided by the Registrar of Vital Statistics, and shall deliver to the Registrar a true and correct copy of the same, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **101709**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,



Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth in a list of the births which have occurred under his or her charge, the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the practitioner shall deliver the same to the office of the Commissioner of Health, and the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **LO1710**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,..... 29th of Feb

4. Place of Birth, (Street and Number)..... 1401 N. 1st St

5. Full Name of Mother,..... Mary G. Looking

6. Mother's Maiden Name,..... Theresa E. Frank

7. Mother's Birthplace,..... Baltimore

8. Full Name of Father,..... Barth F. Frank

9. Father's Occupation,..... Lab

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other person who makes this Return,..... Katie M. Munch

Address,..... 510 Lexington St

Remarks,.....

RETURN OF A BIRTH. **L01711**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. *Date of Birth,* September 22<sup>nd</sup> 1899

4. Place of Birth, (Street and Number) 1419 William St

5. Full Name of Mother, Mary E. Lee

6. *Mother's Maiden Name.* Mary Brosnan

7. Mother's Birthplace, *Baltimore*

8. *Full Name of Father,* *James E. Lee*

9. *Father's Occupation.* Cabinet-maker

10. *Father's Birthplace* *Baltimore*

Name of Medical Attendant or other person who *Col. J. H. ...*

Address \_\_\_\_\_

SECTION 7.—And to it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth and shall cause the same to be entered in a book to be provided by the Commissioner of Health. This so called shall contain a list of the births which have taken place in the City of Baltimore, and shall be kept in the office of the Commissioner of Health, and shall be open to the inspection of the public. It shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH 101712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 22 / 93

4. Place of Birth, (Street and Number)

1725 5<sup>th</sup> St

5. Full Name of Mother,

Rose Korbla

6. Mother's Maiden Name,

Gellner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Korbla

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Frank G. Meyer M.D.

Address,

Remarks,

RETURN OF A BIRTH. A **L01713**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second 2nd

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Feb. 21 1913

4. *Place of Birth, (Street and Number)*..... 413 43 1/2 Penn. Ave. Wash. D.C.

5. Full Name of Mother,..... Sarah Thomsen

6. *Mother's Maiden Name,* Theresa E. Moore

7. *Mother's Birthplace*, .....

8. Full Name of Father, Walter D. [unclear]

9. *Father's Occupation*..... *House Painter*

10. *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return..... Mrs. Anna H. H. H. H.

Address, .....

Remarks, .....

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 7. - **Return of Births.** Every person practicing midwifery in the City of Baltimore under license, and every person practicing medicine and surgery in the City of Baltimore under license, shall, within the month following the birth of every child, file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the facts known to him or her, the full name of each child, its sex, color, the date and place of birth, and the name of the mother, and the name of the practitioner of midwifery, or should in other cases the name of the physician or practitioner of medicine, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 21 1879

4. Place of Birth, (Street and Number) Hungarman st #24

5. Full Name of Mother, Emma Helen

6. Mother's Maiden Name, Emma Irins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Irins

9. Father's Occupation, labour

10. Father's Birthplace, West India

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Miller

Address, No 424 West Flury

Remarks, full 9 months

SECTION 7. Record of Vital Statistics in the City of Baltimore.  
Baltimore under whose charge or superintendence a birth shall be recorded, shall be required to enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same may be ascertained, the name of each child, its sex, color, the full name and occupation of its parents, the place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur out of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the person or persons who shall be present at the birth, shall immediately thereafter report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

L01715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 21<sup>st</sup> 1883

4. Place of Birth, (Street and Number) No 225 Madrick St

5. Full Name of Mother, Ellen Harper

6. Mother's Maiden Name, Ellen Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Harper

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. **A** **L01716**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child 'Boys'

1. Sex, (state whether male or female) white

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 September

4. Place of Birth, (Street and Number) Essex street. N. 2234

5. Full Name of Mother, Margaretha Ditmeier

6. Mother's Maiden Name, Margaretha Lander

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilhelm Ditmeier

9. Father's Occupation, Bron Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Merri Kloss Midwife

Address, Essex street N. 2209

Remarks, \_\_\_\_\_

Section 7.—And be it further enacted, That any person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter occur, shall be required to enter the name on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date, hour, place, and the sex, color, the full name and occupation of its parents, the date of birth, and the name of the medical attendant, and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the jurisdiction of the Commissioner of Health, and shall report the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



**SECTION 9. RECORDED AND FILED FOR REGISTRATION IN CASE OF BIRTHS.**

Baltimore under whose charge or supervision such birth shall have taken place, immediately in the City of Baltimore register of such births and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health, and shall send forth with said schedule a list of the births which have occurred under his or her care during the month, and shall also contain a list of the persons, as far as can be ascertained the full name of each child, if any shall have been conferred its sex, color, the date and place of birth, and the names of the parents, the date and place of birth, and the name of the physician who attended at the said delivery, shall be delivered, duly signed by the practitioner in a certificate between the first and the third day of each and every month, the office of the Commissioner of Health.

RECEIVED BY  
BALTIMORE  
STATISTICAL  
VITAL  
REGISTRATION  
IN THE  
CITY OF  
BALTIMORE

Baltimore mother whose change of superintendence a birth shall hereafter take place, shall be subject to the provisions of this act in the city of Baltimore. This schedule shall contain the name of the mother, the name of the child, the date of birth, the sex, the color, the full name and occupation of the parents, the date and place of birth, and the name of the medical attendant. It shall be signed by the practitioner in the form of a certificate between the first and third day of each calendar month, and shall set forth as far as the same can be ascertained the full name of each child, and the name of the mother, the date and place of birth, and the name of the medical attendant. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother shall be required to report to the Commissioner of Health, in the manner and within the period and subject to the provisions of this section, and he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **LO1717**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) 4121-1883-white
3. Date of Birth, \_\_\_\_\_
4. Place of Birth, (Street and Number) 3017. Lancaster st
5. Full Name of Mother, Margit Lonnellon
6. Mother's Maiden Name, W. Hoyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lonnellon
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Sarah T. Harrington
- Address, 927 Rimney st
- Remarks, \_\_\_\_\_

Section 2. - A record of Vital Statistics in the City of Baltimore, under whose charge or supervision any person practicing midwifery in the City of Baltimore, shall keep a true and correct record of the births, and shall enter the same on blank schedule, to be provided for that purpose, and shall set forth as far as the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and last day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, immediately thereafter it shall become the duty of the person or persons of any child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 20<sup>th</sup> 1893. 1:0 P.M.

4. Place of Birth, (Street and Number) 213. N. High St. Baltimore

5. Full Name of Mother, Sara Sax

6. Mother's Maiden Name, Sara Kelner

7. Mother's Birthplace, Adunsko Wola - Poland, Russ.

8. Full Name of Father, Ludwik Sax

9. Father's Occupation, Tailor

10. Father's Birthplace, Adunsko Wola - Poland, Russ.

Name of Medical Attendant, or other person who makes this Return, Dr. Chuderski

Address, 230. S. Caroline St.

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. L01710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) Colored
  3. Date of Birth, Sept 20 1898
  4. Place of Birth, (Street and Number) 711 Harford Ave Balt Md
  5. Full Name of Mother, India James
  6. Mother's Maiden Name, India James
  7. Mother's Birthplace, Eastern Shore Va
  8. Full Name of Father, George H. James
  9. Father's Occupation, lumber yard
  10. Father's Birthplace, Eastern Shore Va
- Name of Medical Attendant, or other person who makes this Return, Maria Wright
- Address, 1018 Wolf St Balt
- Remarks,

## RETURN OF A BIRTH. L01720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant*, or other person who makes this Return.

Address,

Remarks,

Section 7.—And to further enact, that every person practicing midwifery in the City of Baltimore, hereafter take place, shall keep a true and correct register of the births which have occurred in the City of Baltimore, and shall set forth as follows:—The date of birth, the sex, color, the full name of the child, the name of the mother, the name of the father, the name of the physician or practitioner in the form of a certificate he has received from the Commissioner of Health, in case the birth of the child has occurred without the attendance of a physician or practitioner, the name of the midwife, or should no other person be present, the name of the mother, immediately thereafter, it shall become the duty of the person or persons, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 22, 1895*

4. Place of Birth, (Street and Number) *755 1/2 Mulberry street*

5. Full Name of Mother, *Katie Seal*

6. Mother's Maiden Name, *E. Schaefer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Hyman Seal*

9. Father's Occupation, *clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Miriam E. Traubitzer M.D.*

Address, *725 Mulberry Street*

Remarks, \_\_\_\_\_

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be provided by the Commissioner of Health. This schedule shall be for as the list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as the facts can be ascertained the full name of each child at birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery. Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, he should no other person be in attendance upon the birth, and he shall immediately thereafter report the same to the Commissioner of Health, in the manner and within the time provided for in the provisions of this section. Any person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug. 3, 1895.
4. Place of Birth, (Street and Number) 1132 W. North Ave.
5. Full Name of Mother, Jennette Smith.
6. Mother's Maiden Name, " Brunell.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Richard M. Smith Jr.
9. Father's Occupation, Book-keeper.
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.
- Address, 1121 W. Caroline St.
- Remarks,



RECEIVED  
RECOGNITION OF THE HEALTH DEPARTMENT TO SECURE A FULL AND  
RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.  
SECTION 7.—And be it further enacted, That

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged with superintending a birth shall hereafter take care to keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished to him by the Commissioner of Health. This schedule shall contain a list of the births, which have occurred within his jurisdiction, during each month, and shall set forth as far as may be ascertained the full name of each child, of any child, the date of its birth, the name of its parents, the date and place of birth, and the name of the midwife, and the station of the father in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, and shall occur without the attendance of a physician or practicing midwifery. In case the birth of any child shall occur upon the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in any such report to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01723**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 <sup>nd</sup> .
1. Sex, (state whether male or female)...	Female
2. Race or Color, (if not of the white race)...	White
3. Date of Birth,	Sept. 6, 1893
4. Place of Birth, (Street and Number)...	1111 N. Bend St.
5. Full Name of Mother,	Mary Margaret Young
6. Mother's Maiden Name,	" " Carr
7. Mother's Birthplace,	Bacon, Ind.
8. Full Name of Father,	Mr. Jos. Young
9. Father's Occupation,	Merchant Tailor
10. Father's Birthplace,	Bacon, Ind.
Name of Medical Attendant, or other person who makes this Return,	Dr. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

Section 7. The Registrar of Vital Statistics in the City of Baltimore, and every person practicing midwifery in the City of Baltimore, shall be and are further directed and ordained that every person practicing midwifery in the City of Baltimore under whose charge a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be entered in the said book, and shall be set forth as far as the same can be ascertained, the full name of the mother, the date and place of birth, and the sex of the child, and every day of the third day of each and every month, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother, immediately thereafter, and shall become the duty of the person or persons be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. **L01724**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 2d, 1891*

4. Place of Birth, (Street and Number) *161 Barclay St.*

5. Full Name of Mother, *Annie Newman Neely*

6. Mother's Maiden Name, *" " Walker*

7. Mother's Birthplace, *Harper Co. Md.*

8. Full Name of Father, *Robt. Tucker Neely*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Geo A Hartman M.D.*

Address, *1121 W. Caroline St.*

Remarks, \_\_\_\_\_

Section 7.—Any person further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose child shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the date, time, place, sex, race or color, and the name of the mother, and the name of the father, and the name of the child, and the date and time of the birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the form of a certificate, and shall report its birth to the Commissioner of Health, in the form of a certificate, and shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 26-95.*

4. Place of Birth, (Street and Number) *2023 Mura st*

5. Full Name of Mother, *Nellie Nix*

6. Mother's Maiden Name, *Nellie Stevens*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *John Nix*

9. Father's Occupation, *Horse Dealer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Charles H. A. Meyer M.D.*

Address, *1019 N. Caroline st.*

Remarks, \_\_\_\_\_

Section 2. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the license granted by the Board of Health, shall be and he shall be bound to register of such birth, and shall enter the same in the blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and color of the child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month of the year, the day of the month, and the day of the year, and shall occur upon the mother, immediately after the birth of the child, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 30 '95

4. Place of Birth, (Street and Number) 1215 E. 21.

5. Full Name of Mother, Mary Elizabeth Crow

6. Mother's Maiden Name, Barber

7. Mother's Birthplace, Balt. Co. Md.

8. Full Name of Father, Bryan A. Crow

9. Father's Occupation, Patrolman

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mr. A. A. Stewart M.D.

Address, 1121 1/2 E. Caroline St.

Remarks,

Section 7. And be it further enacted, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall file the same with the Registrar of Vital Statistics, in the City of Baltimore, on or before the first day of each month, and shall be subject to the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
  2. Race or Color, (if not of the white race) white
  3. Date of Birth, Sept 25, 1895
  4. Place of Birth, (Street and Number) 30 E. Frederick St.
  5. Full Name of Mother, Mattie Eugenia Cantel
  6. Mother's Maiden Name, Mattie Eugenia Cantel
  7. Mother's Birthplace, Baltimore Maryland
  8. Full Name of Father, James Cantel
  9. Father's Occupation, Electrician
  10. Father's Birthplace, Baltimore Maryland
- Name of Medical Attendant, or other person who makes this Return, Dr. H. M. Hall
- Address, Frederick St. Regulate Ave.
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. **L01728**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother, -

6. *Mother's Maiden Name*7. *Mother's Birthplace,*

8. *Full Name of Father*

### 9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

*Address.*

Remarks.

**SECTION 2.**—And be it enacted, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence the practice of midwifery shall be carried on, shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the practitioner, and shall be submitted to the Commissioner of Health, at the time of the birth of each child, and shall be retained by the Commissioner of Health, and shall be set forth as far as the following schedule is concerned, to wit: The date when the child was born, the name of the mother, the name of the father, the sex, color, the full name and occupation of the practitioner, the date and place of birth, and the date when the child was delivered, and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother thereof it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John Ritz  
Mary Elizabeth  
Nov. 28

Walter Engelman  
Walter Jackson  
Dec. 7, 1898

SECTION 2.—And he it further enacted and ordained that the person practicing midwifery in the City of Baltimore, shall keep a true and correct register of all the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the name of the physician or practitioner in the case of the birth of any child, and shall deliver, daily signed by the practitioner in the case of the birth of any child, a certificate between the first and the last day of each and every month to the office of the Commissioner of Health, or the physician or practitioner of midwifery, or she become the duty of the person or persons of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

RETURN OF A BIRTH. <sup>GIVEN NAME ADDED 4-24-59</sup> L01729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Helen Elizabeth Wellener*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *Nov. 10, '98*
  4. Place of Birth, (Street and Number) *1531 W. Caroline St.*
  5. Full Name of Mother, *Mary Elizabeth Wellener*
  6. Mother's Maiden Name, *" Blackburn*
  7. Mother's Birthplace, *Bach. Ind.*
  8. Full Name of Father, *Wm. Corner Wellener*
  9. Father's Occupation, *Bricklayer*
  10. Father's Birthplace, *Bach. Ind.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. A. Hartman M.D.*
- Address, *1121 W. Caroline St.*
- Remarks, \_\_\_\_\_



RETURN OF A BIRTH. **L01730**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 5

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) - White

3. *Date of Birth*, ..... *Sept. 28, 1915*

4. *Place of Birth, (Street and Number).* 333 St. Gallien Lane

5. Full Name of Mother, ..... Louisa Corcoran

6. Mother's Maiden Name, "Hick 1834"

6. *Mother's Birthplace*,..... *Barb. Ind.*

8. Full Name of Father, August C. Webb

9. Father's Occupation ..... Book - Merchant

10. *Father's Birthplace,* \_\_\_\_\_ *Spouse* \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return *See Dr. H. A. ...*

Address, 1121 Newcomb St

Remarks, .....

[illegible]

RETURN OF A BIRTH. **L01731**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, June 23, 1895

4. *Place of Birth, (Street and Number).* Mass. Caroline St.

5. Full Name of Mother, Kaura Virginia Spence

6. *Mother's Maiden Name,* \_\_\_\_\_ " " *Gipp*

7. Mother's Birthplace, *Bath, Ind*

8. Full Name of Father, Geo. P. Hugg

9. Father's Occupation..... Marble Merchant

10. *Father's Birthplace,* *Buck. Ind.*

Name of Medical Attendant, or other person who makes this Return, No A Hartman md

Address, 1121 McCordline St

Remarks, .....

RETURN OF A BIRTH. **L01732**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)----- (Caucasian)

3. *Date of Birth,* Sept. 19, 1892

4. Place of Birth, (Street and Number) 1619 N. Bond St

5. Full Name of Mother, Catherine M. Hietneroski

6. *Mother's Maiden Name,* \_\_\_\_\_ " " *Seely*

7. Mother's Birthplace, \_\_\_\_\_ Back. ind.

8. Full Name of Father, William S. Stephens

9. Father's Occupation..... Clerk - Clerk

10. *Father's Birthplace,* Beth. Ind.  
*Name of Medical Institution,* Ill.

Name of Medical Attendant, or other person who makes this Return, The A. Hartman, M.D.

Address, 1121 W. Caroline St.

Remarks, \_\_\_\_\_

Wm. J. C. Dulany Co., City Printers and Stationers.

REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 7. Any person who shall be at further enacted and ordained that every person attending midwifery in the City of Baltimore under a license shall be required to keep a true and correct record of all births occurring under his or her care during the year, and to file the same with the Registrar of Vital Statistics, to be furnished by the Registrar to the Health Department. This schedule shall contain a list of the names, sex, race or color, the full name and occupation of its parent, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. *Johnso*

## RETURN OF A BIRTH. L01733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Mary Louise Harrison*

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 27, 95*
4. Place of Birth, (Street and Number) *1012 E. Federal St.*
5. Full Name of Mother, *Margt. J. Harrison*
6. Mother's Maiden Name, *" " Savage*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Wm. H. Harrison*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. A. Harrison M.D.*
- Address, *1121 McClellan St.*
- Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted, that every person practicing midwifery in the City of Baltimore, who shall deliver a child, or attend a woman in childbirth, shall, before the child is born, or the woman is delivered, enter the same on blank schedules furnished by the Commissioner of Health, and shall set forth as far as is practicable, the name of the child, the date and place of birth, the sex, color, the full name of the mother, the date and place of birth of the mother, the name of the father, the name of the physician or practitioner, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 13, 95

4. Place of Birth, (Street and Number) 1521 N. Broadway

5. Full Name of Mother, Ida May Hagerman

6. Mother's Maiden Name, " " Macaubbain

7. Mother's Birthplace, Bath, Ind.

8. Full Name of Father, Martin E. Hagerman

9. Father's Occupation, Musical Teacher

10. Father's Birthplace, Bath, Ind.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hagerman M.D.

Address, 1131 N. Caroline St.

Remarks, \_\_\_\_\_

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). *Male*

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 23 May 1922

4. *Place of Birth, (Street and Number)*-----

5. Full Name of Mother, Lisa D.

6. Mother's Maiden Name, Pizza

7. Mother's Birthplace, Prussia

8. Full Name of Father, Harris H.

9. Father's Occupation..... Baker

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, .....

Remarks, \_\_\_\_\_

SECTION 7. And he it further enacted, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of the births which have occurred within the City of Baltimore, and shall enter the same on blank schedules provided for that purpose by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, the date of its birth, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of such and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the City of Baltimore, and the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th 1925

4. Place of Birth, (Street and Number) 222 E. Lexington St

5. Full Name of Mother, Harriet Thomas

6. Mother's Maiden Name, " White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Thomas

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Brown

Address, 210 E. Lexington St

Remarks,



Section 10. And he it further enacted, That every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of reporting to the Registrar of Vital Statistics, in the City of Baltimore, the births which occur in the City, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And he it further enacted, That every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of reporting to the Registrar of Vital Statistics, in the City of Baltimore, the births which occur in the City, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 101737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 September 79

4. Place of Birth, (Street and Number) 116 E 3 Barnes St

5. Full Name of Mother, Francis Gosal

6. Mother's Maiden Name, Francis Bradner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Gosal

9. Father's Occupation, Laborer Baltimore

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jefferson G. Gosal

Address, 1621 Barnes St Baltimore

Remarks,

SECTION 7.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge and attendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a book, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of each child, its sex, date and place of birth, and the day of each and every birth, and shall deliver the same to the Commissioner of Health, on or before the third day of each and every month, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Sept. 3, 1895  
4. Place of Birth, (Street and Number) 1737 Patterson Park Ave.  
5. Full Name of Mother, Annie Magdalene Rida  
6. Mother's Maiden Name, " " Simon  
7. Mother's Birthplace, Balt. Co. Md.  
8. Full Name of Father, Augustus Conrad Rida  
9. Father's Occupation, Carpenter  
10. Father's Birthplace, Balt. Md.  
Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.  
Address, 1121 N. Caroline St.  
Remarks,

Section 7. - The Record of the Birth Department in the City of Baltimore, Baltimore under whose it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such birth, and shall, at the expiration of each month, forward to the Commissioner of Health, in his schedule, the same on blank schedule, to be provided by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the date and place of birth, the day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01739  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Oct 29 13*  
4. Place of Birth, (Street and Number) *222 Albrecht St*  
5. Full Name of Mother, *Kate Rob*  
6. Mother's Maiden Name, *Kate Cohen*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Wolff Ross*  
9. Father's Occupation, *Shoemaker*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other person who makes this Return, *Dr. G. Blum*  
Address, *101 G. Blum*  
Remarks, *Am*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 7.—And he it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under lawful license and proper superintendence, who shall deliver any person, shall keep a true and correct register of such births, and report the same on blank schedules furnished by the Commissioner of Health, and shall set forth as far as the same may be ascertained, the full name of each child, its sex, color, date of birth, its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each month shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **LO1740**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 17, '95*

4. Place of Birth, (Street and Number) *1823 W. Chester St.*

5. Full Name of Mother, *Maggie Ryan*

6. Mother's Maiden Name, *" Myers*

7. Mother's Birthplace, *Dutch Ind.*

8. Full Name of Father, *Mr. Howard Ryan*

9. Father's Occupation, *Insurance Agt.*

10. Father's Birthplace, *Dutch Ind.*

Name of Medical Attendant, or other person who makes this Return, *Mr. A. Harbman M.D.*

Address, *1121 W. Caroline St.*

Remarks, \_\_\_\_\_

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And to further enact and ordain that every person practicing midwifery in the City of Baltimore under whose child is born, shall keep a true and correct register of such birth, and shall superintendence a birth shall hereunto, to be printed by the Commissioner of Health, and shall be set forth as far as the same can be obtained the full name of each child, its sex, color, the date and place of birth, the name of its parents, the date and place of birth of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **LO1741**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Herbert Stanley Lane

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) Female Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 18. 1895

4. Place of Birth, (Street and Number) 35 Maple Road

5. Full Name of Mother, Mary Wallace Lane

6. Mother's Maiden Name, " Wallace

7. Mother's Birthplace, New Jersey

8. Full Name of Father, Bernard Evans Lane

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 W. Carolina St.

Remarks, \_\_\_\_\_

added  
name and sex changed  
or  
off. Saint of mother  
Document file # 01741  
Sales  
Feb. 10/1942 1) inductor -

**Abstract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore**

**Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a charter of superintendence a birth shall hereafter take pleasure to keep a true and correct register of such births, either the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births, which have occurred within a birth certificate month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, date of birth, the date of its conception, the name of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or the Commissioner of Health, no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.**

## RETURN OF A BIRTH. L01742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *27 Oct 1895*  
4. Place of Birth, (Street and Number) *819 Spr St.*  
5. Full Name of Mother, *Jennie B. Johnson*  
6. Mother's Maiden Name, *Jennie B. Johnson*  
7. Mother's Birthplace, *Russia*  
8. Full Name of Father, *Robert Johnson*  
9. Father's Occupation, *Agent*  
10. Father's Birthplace, *Russia*  
Name of Medical Attendant, or other person who makes this Return, *E. Johnson*  
Address, *172 W. 2nd St.*  
Remarks,

Section 7. And to further enforce and carry out the provisions of this act, that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician or practitioner of medicine, shall keep a true and correct register of all births which occur within the City of Baltimore, and shall enter the same on blank schedules provided for that purpose by the Commissioner of Health. This schedule shall be filled out by the midwife, or other person who has charge of the birth, and shall be returned to the Commissioner of Health, within ten days after the birth, and shall be filed by the Commissioner of Health. Any person who fails to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. **L01743**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 October 1895

4. Place of Birth, (Street and Number) Charles St 718

5. Full Name of Mother, Lizzie Lerrin

6. Mother's Maiden Name, Lucas

7. Mother's Birthplace, Russia

8. Full Name of Father, David Lerrin

9. Father's Occupation, Porter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Chapman

Address, Baltimore

Remarks, \_\_\_\_\_



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race)-

3. Date of Birth, Oct. 16, '95

4. *Place of Birth, (Street and Number)* 1643 Augusta St.

5. Full Name of Mother, *Isabel Maria Loure*

6. *Mother's Maiden Name,* C. O'Neill

7. Mother's Birthplace, *Beth. Ind*

8. Full Name of Father, Matthew J. Loyce

9. Father's Occupation Reputy Sheriff

10. Father's Birthplace. 1849  
Name of Mother Bachind

Name of Medical Attendant, or other person who makes this Return, E. A. Hartman '108

Address, \_\_\_\_\_ 1121 W. Caroline St

Remarks, \_\_\_\_\_

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*—

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—Any person who is a practitioner of medicine, surgery, or dentistry, or a practicing midwife, in the City of Baltimore, shall keep a true and correct record of all births occurring in the City, and shall file the same on blank schedule, to be furnished by the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 27, '95

4. Place of Birth, (Street and Number) 1529 Edmonson Ave.

5. Full Name of Mother, Maria Agnes Dandel

6. Mother's Maiden Name, " " Johann

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Adolph E. Dandel

9. Father's Occupation, Cashier

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 W. Caroline St.

Remarks,

Record of Vital Statistics in the City of Baltimore.  
And to be further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births and deaths as shall be committed to his or her charge by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, of any shall be born, the date of birth, the date and place of birth, the date and place of death, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance at the birth, the name of the person or persons who shall be required to report the birth to the Commissioner of Health, in and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 October 1893

4. Place of Birth, (Street and Number) 42 Market Place

5. Full Name of Mother, Jennie Jaroschewsky

6. Mother's Maiden Name, Fiedler

7. Mother's Birthplace, Russia

8. Full Name of Father, Abram Jaroschewsky

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Sherman

Address, 42 Alameda St.

Remarks,

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of the City of Baltimore, and shall retain the same until the birth of the child has been ascertained, and shall deliver the same to the Commissioner of the City of Baltimore, within the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 101748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 26, 1895
4. Place of Birth, (Street and Number) 330 S. Patterson Park Ave.
5. Full Name of Mother, Kate Kirk
6. Mother's Maiden Name, " Kintell
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, (Wm. W. Kirk, Jr.)
9. Father's Occupation, Treasurer
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.
- Address, 1521 McCarroll St.
- Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2.—And be further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge a child is born, shall, hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank forms provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred within his or her jurisdiction, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the month of the birth, the person so attending, shall report its birth to the Commissioner of Health, in the manner and form provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 101749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 17, '95*
4. Place of Birth, (Street and Number) *1626 E. Madison St.*
5. Full Name of Mother, *Mary B. Edwards*
6. Mother's Maiden Name, *" " Paley*
7. Mother's Birthplace, *St. Mary's Co. Md.*
8. Full Name of Father, *Benjamin E. Edwards*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *St. Mary's Co. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman M.D.*
- Address, *1131 W. Caroline St.*
- Remarks, \_\_\_\_\_

PRELIMINARY REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.  
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall keep a true and correct register of such births, and shall set forth as far as the same can be ascertained, the full name of the child, the sex, color, the date and place of birth, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be found to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Sept. 13, 1895  
4. Place of Birth, (Street and Number) 586 1/2 W. Gay St.  
5. Full Name of Mother, Mary Agnes Glen  
6. Mother's Maiden Name, " " Pillsbury  
7. Mother's Birthplace, Westhampton Co. Virg.  
8. Full Name of Father, Alex. Glen Jr.  
9. Father's Occupation, Stationer  
10. Father's Birthplace, Baltimore  
Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.  
Address, 1121 W. Caroline St.  
Remarks, \_\_\_\_\_



*Recent Acquisitions of the Health Department to cover a full Record of Vital Statistics in the City of Baltimore.*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of every birth occurring in the city, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the following questions, to be answered by the midwife, and shall set forth as far as the same can be ascertained the date and place of birth, the sex, color, and whether the child was born full term, or premature, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so late to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department in the City of Baltimore.

# RETURN OF A BIRTH 101752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Nov. 14, 1895

4. Place of Birth (Street and Number), 1403 E. Biddle St.

5. Full Name of Mother, Catherine Wells

6. Mother's Maiden Name, " Kuntzel

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Jos. H. Wells

9. Father's Occupation, Beer Trading Salesman

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1151 W. Caroline St.

Remarks,

*Abstract Reputations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

12756

The Baltimore Publishing Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall be charged or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth in a blank schedule to be furnished by the Commissioner of Health in the form of a certificate between the first and third day of the month, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDER. 4/27/56

## RETURN OF A BIRTH L01753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, March 3, 1895

4. Place of Birth (Street and Number), 12733 E. Linnell St.

5. Full Name of Mother, Anna Estella Hobden

6. Mother's Maiden Name, " " Wells

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Alfred J. Hobden

9. Father's Occupation, Traveling Salesman

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, W. A. Hartman M.D.

Address, 1121 W. Caroline St.

Remarks,

## RETURN OF A BIRTH 101754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- |  |                      |
|--|----------------------|
| 1. Sex (state whether male or female),       | Female               |
| 2. Race or Color (if not of the white race), | White                |
| 3. Date of Birth,                            | Aug. 29, 1892        |
| 4. Place of Birth (Street and Number),       | 1117 W. Caroline St. |
| 5. Full Name of Mother,                      | Lera H. Eans         |
| 6. Mother's Maiden Name,                     | " Mand               |
| 7. Mother's Birthplace,                      | Leban, Ohio          |
| 8. Full Name of Father,                      | Chas. R. Eans        |
| 9. Father's Occupation,                      | Marble mason         |
| 10. Father's Birthplace,                     | Columbus, Ohio       |

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, **CHIEF NAME ADDED**, 11-23-52

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the city of New York under such charge or superintendence as a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. It shall be filled out at the expiration of each month, and the same, with the names of the children, their color, their sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the midwife, shall be delivered, duly signed by the practitioner in the form of a certificate to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as her fines and forfeitures are recoverable.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall be charged with the duty of registering the births of children, shall be subject to the provisions of this section, and shall be liable to the penalties therein provided for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH 101753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, July 5, 1895

4. Place of Birth (Street and Number), 921 Cordington Ave.

5. Full Name of Mother, Annie McNeisen

6. Mother's Maiden Name, Thomas

7. Mother's Birthplace, Baden, Ind.

8. Full Name of Father, Robert McNeisen

9. Father's Occupation, Traveling Salesman

10. Father's Birthplace, Baden, Ind.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 Cordington St.

Remarks,

## RETURN OF A BIRTH 1.01756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether male or female).

2. Race or Color (if not of the white race).

3. *Date of Birth,*

4. Place of Birth (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. Full Name of Father

9. *Father's Occupation.*

### 10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers



SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall hereafter take place, shall keep a true and correct record of such births, and shall be liable to be furnished by the Commissioner of Health, with a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be born, its sex, color, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of the month, and shall be presented to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 101756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *July 1, 1892*

4. Place of Birth (Street and Number), *5 S. Cecil St.*

5. Full Name of Mother, *Eugene Mayer Wilson*

6. Mother's Maiden Name, *" Mayer*

7. Mother's Birthplace, *Newark, Penn.*

8. Full Name of Father, *George Allen Wilson*

9. Father's Occupation, *Attorney at Law*

10. Father's Birthplace, *Bloom, Ind.*

Name of Medical Attendant, or other person who makes this Return. *Dr. A. Hartman M.D.*

Address, *1121 W. Caroline St.*

Remarks,

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall, within ten days after the birth of such child, enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as fully as possible the name, sex, color, date and place of birth, and the date and place of delivery, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, who shall immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Return of Birth of Child of Mother, (state whether 1st, 2d, 3d, &c.)

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *July 2, 1892*

4. Place of Birth (Street and Number), *227 E. Heppner St.*

5. Full Name of Mother, *Ann M. Jones*

6. Mother's Maiden Name, *" " Egan*

7. Mother's Birthplace, *Balt. Ind.*

8. Full Name of Father, *Saml. M. Jones*

9. Father's Occupation, *Policeman*

10. Father's Birthplace, *Balt. Ind.*

Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman M.D.*

Address, *1151 N. Conline St.*

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall file the same with the Registrar of Vital Statistics of the City of Baltimore. This schedule shall contain a list of the births which shall be registered, and shall set forth as far as the same can be ascertained the full name of the child, its sex, color, date of birth, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner in the form of a certificate between the first and third month after the birth of the child, and shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics of the City of Baltimore, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after the birth the mother shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH L01758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *July 7, 1895*

4. Place of Birth (Street and Number), *633 Essex St.*

5. Full Name of Mother, *Cecilia Elizabeth West*

6. Mother's Maiden Name, *" " Cunningham*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Eugene Philip West*

9. Father's Occupation, *Machineist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman M.D.*

Address, *115 1/2 Caroline St.*

Remarks,

SIXTH SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall be charged with the duty of registering the births of children, shall keep a true and correct register of such births, and shall, on or before the first day of January next ensuing, submit to the Registrar of Births a list of the births registered by him or her during the year, and shall set forth as far as the same can be ascertained the full name of the child, its sex, color, the date and place of birth, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the name of the person or persons of such child to report its birth to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Birth Statistics in the City of Baltimore.

## RETURN OF A BIRTH 101759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, July 5, 1895

4. Place of Birth (Street and Number), 510 W. Biddle

5. Full Name of Mother, Martha Ella Beaman

6. Mother's Maiden Name, " " " " " "

7. Mother's Birthplace, " " " " " "

8. Full Name of Father, Chas. S. Beaman

9. Father's Occupation, Collector

10. Father's Birthplace, " " " " " "

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1151 N. Caroline St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the date and place of the birth, the sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the name of the mother, immediately after the birth, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3rd

Male

White

Aug 5, 1895

1111 W. Eden St.

Sarah Gertrude James

" " Ballard

Baltimore

Mrs. Leach James

Bricks

Baltimore

Dr. A. Hartman M.D.

1131 W. Caroline St.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, more under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the City of Baltimore, and shall cause the same to be signed by the mother, or by the father, or by the physician, or by the midwife, or by the person who shall be delivered, duly signed by the practitioner in the form of the schedule, and shall deliver the same to the office of the Commissioner of Health, in case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH L01761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether male or female), *Male*  
2. Race or Color (if not of the white race), *White*  
3. Date of Birth, *July 27, 1895*  
4. Place of Birth (Street and Number), *1433 M<sup>rs</sup> (Clary St.)*  
5. Full Name of Mother, *Emma Baldwin*  
6. Mother's Maiden Name, *" Julian*  
7. Mother's Birthplace, *Eng<sup>land</sup>*  
8. Full Name of Father, *J. C. Baldwin*  
9. Father's Occupation, *Teacher*  
10. Father's Birthplace, *Richmond, Va.*  
Name of Medical Attendant, or other person who makes this Return, *Dr. A. Hartman M.D.*  
Address, *1151 McCarline St.*  
Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a record of all births which occur under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child, its sex, color, its date of birth, its sex, color, the full name and occupation of its parents, the name of the practitioner in the form of a certificate between each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur at the residence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Births Reported to the City of Baltimore.

# RETURN OF A BIRTH

101762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *May 23, 1891*

4. Place of Birth (Street and Number), *302 W. Chester St.*

5. Full Name of Mother, *Mary Czegluga*

6. Mother's Maiden Name, *" Schmidt*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Dr. J. Czegluga*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. A. Hartman M.D.*

Address, *1121 W. Caroline St.*

Remarks,



SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be provided for that purpose by the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to deliver the same to the Commissioner of Health, in the manner and within the period prescribed by the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 101763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, May 14, '95

4. Place of Birth (Street and Number), 1025 W. Eden St.

5. Full Name of Mother, Virginia B. Caliauk

6. Mother's Maiden Name, " " Callum

7. Mother's Birthplace, Bannockburn

8. Full Name of Father, Wm. J. Caliauk

9. Father's Occupation, Clerk

10. Father's Birthplace, Bannockburn

Name of Medical Attendant, or other person who makes this Return, H. A. Sherman M.D.

Address, 1131 W. Caroline St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall deliver a child, or attend upon a woman in the act of delivery, shall, before the birth of such child, or before the woman is delivered, take and sign a true and correct statement of the birth of such child, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conceived, its sex, color, the full name and occupation of the father, the date and place of birth; and the said statement shall be delivered, duly signed by the practitioner in the fourth. In case the birth of a child shall occur without the attendance of a physician or practitioner of the faculty, or should no other person be present, the duty of the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of the Birth Statistics in the City of Baltimore.

## RETURN OF A BIRTH L01764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> ; 3<sup>rd</sup>*

1. Sex (state whether male or female), *males (Twin)*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *July 6, 1895*

4. Place of Birth (Street and Number), *707 N. Eden St.*

5. Full Name of Mother, *Kate Connolly*

6. Mother's Maiden Name, *Wallkamp*

7. Mother's Birthplace, *Irish Ind.*

8. Full Name of Father, *Joe A. Connolly*

9. Father's Occupation, *Electric light inspector*

10. Father's Birthplace, *Irish Ind.*

Name of Medical Attendant, or other person who makes this Return, *H. A. Hartman M.D.*

Address, *1121 N. Caroline St.*

Remarks,

SECTION 7.—And it is further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall receive a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter upon the same, the name, date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be followed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should not be entered upon the register of the Commissioner of Health, in the manner and within the period above required, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 <sup>st</sup>
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug. 9, 93
4. Place of Birth (Street and Number),	1107 E. Federal St.
5. Full Name of Mother,	Virginia C. Busier
6. Mother's Maiden Name,	" " Lee
7. Mother's Birthplace,	Becken, Me.
8. Full Name of Father,	Geo. C. Busier
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Becken, Me.
Name of Medical Attendant, <small>or other person who makes this Return.</small>	Dr. A. Hartman M.D.
Address,	1121 E. Caroline St.
Remarks,	

## RETURN OF A BIRTH 101766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,...

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the city of Baltimore, Maryland, under such name or title as may be used, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been communicated, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of the month in which each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, he or she should no other person be in attendance upon the mother, and the said child should be reported above required by the Commissioner of Health, by a person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 7.—And he is further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or supervision a birth is taken place, shall keep a true and correct record of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Births, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Carried over from page 1 and continued on page 2.

## RETURN OF A BIRTH 101767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, July 15, 95

4. Place of Birth (Street and Number), 1713 E. Biddle St.

5. Full Name of Mother, Laura Elizabeth Preston

6. Mother's Maiden Name, Russell

7. Mother's Birthplace, Tuscon, Ariz. Co.

8. Full Name of Father, William C. Preston

9. Father's Occupation, Hardware

10. Father's Birthplace, Harper Co. Ind.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1131 W. Caroline St.

Remarks,

SECTION 7. - And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall hereafter take place, shall keep a true and correct register of each birth which shall be furnished to the Commissioner of Health by the midwife, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be born, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the midwife shall be held responsible therefor, and shall be liable to the penalties of this section upon the Commissioner of Health, in the same manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Extraordinary Regulations of the Health Department in the City of Baltimore.

# RETURN OF A BIRTH 101768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Aug. 19, '93*

4. Place of Birth (Street and Number), *1201 N. Bond St.*

5. Full Name of Mother, *Frances E. Gumbel*

6. Mother's Maiden Name, *" " Scott*

7. Mother's Birthplace, *Bach. Md.*

8. Full Name of Father, *Geo. S. Gumbel*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Bach. Md.*

Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman M.D.*

Address, *1127 McClellan St.*

Remarks,

SECTION 10. Every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician or surgeon, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. And he is further directed and enjoined that every person practicing midwifery in the City of Baltimore, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. This section shall be in full force and effect from and after the first day of January, 1900.

# RETURN OF A BIRTH. L01769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 23, 1895*

4. Place of Birth, (Street and Number) *511 W. Caroline St.*

5. Full Name of Mother, *Edith May Stamm*

6. Mother's Maiden Name, *" " Stevens*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Martin Stamm*

9. Father's Occupation, *Cigar Manufacturer*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. A. Hartman M.D.*

Address, *1121 W. Caroline St.*

Remarks, \_\_\_\_\_



SECTION 7.—And be it further enacted, and ordained, that every person practicing midwifery in the city of Baltimore, who shall be licensed by the Board of Health, shall be bound to keep a register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, to the Commissioner of Health, on or before the first day of each and every month to the office of the Commissioner of Health, or should the other person in the attendance of a physician or practitioner of midwifery, or should the other person in the attendance of the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 101770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Nov. 6, 1895

4. Place of Birth (Street and Number), 1329 N. Broadway

5. Full Name of Mother, Susie Blanche Spatman

6. Mother's Maiden Name, " " Jacob

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sam'l. Middleton Spatman

9. Father's Occupation, Traveling Salesman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks, .....

SECTION 7.—And he is further directed and ordained that every person practicing midwifery in the city of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, as far as the same can be ascertained, the full name of each child, if any she has been conceived, its sex, color, the date and place of birth, and the date and time of delivery, and the name of the physician or practitioner of midwifery, and the name of the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH 101771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

March 5, 1895

4. Place of Birth (Street and Number),

1719 E. North Ave.

5. Full Name of Mother,

Emilie E. Klein

6. Mother's Maiden Name,

" " Emrich

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Charles L. Klein

9. Father's Occupation,

Book Binder

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

Geo. A. Hartman M.D.

Address,

1121 W. Carolina St.

Remarks,

Section 2. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same on blank sheets to be placed in a book to be kept in the City of Baltimore. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the person attending the birth shall be held responsible for the same, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 101772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 15, '95

4. Place of Birth, (Street and Number) 1211 W. Caroline St.

5. Full Name of Mother, Mrs. Helen Sullen

6. Mother's Maiden Name, " Kirk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. J. Sullen

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 W. Caroline St.

Remarks, \_\_\_\_\_

**Section 10. Record of Vital Statistics in the City of Baltimore.** And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a certificate shall, and hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank register, to be kept in the City of Baltimore, Health. This schedule shall contain a list of the births which have occurred under such certificate during the month, and shall set forth as far as the same can be ascertained the full name of each child, of what age, sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its death, if it should die, and the date of its burial, and the date of its removal to the almshouse, and the date of its removal to the city of Baltimore, Health. The said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be presented to the Commissioner of Health, and the attendance upon the mother, immediately after the birth of the child, and shall be returned to the practitioner upon the mother's request, and shall be kept in the City of Baltimore, Health. In case the birth of any child in any such report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 207 Indoor, Albany April 10 1893

4. Place of Birth, (Street and Number) 207. Indover' Ales

5. Full Name of Mother, Mary Groves

6. Mother's Maiden Name, Mary Frances Locke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Green

9. Father's Occupation. *Bookbinder*

10. Father's Birthplace *Delaware*

Name of Medical Attendant, or other person who makes this Return. *Geeter Tolance*

Address, *111 Madison St.*

Remarks,

SECTION 2. Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.  
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, and every person acting as a nurse, shall keep a true and correct register of such births and deaths as may occur in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 101774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 10, 1895

4. Place of Birth, (Street and Number)

1410 E. Biddle St.

5. Full Name of Mother,

Gertrude J. Erdman

6. Mother's Maiden Name,

" Wallace

7. Mother's Birthplace,

Procy City, N. J.

8. Full Name of Father,

Thomas E. Erdman

9. Father's Occupation,

Driver & Livery

10. Father's Birthplace,

Bethesda, Md.

Name of Medical Attendant, or other person who makes this Return,

Geo. A. Hartman, M.D.

Address,

1121 7th Avenue St.

Remarks,

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under license shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of delivery. The midwife shall be required to sign the certificate between the first and third day of each month, and to deliver the same to the Commissioner of Health. In case the birth of any child shall occur upon the third day of the month, the midwife shall be required to sign the certificate and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

GIVEN NAME ADDED 7-10-52

RETURN OF A BIRTH. 101775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Preston Boyce (11.)  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Sept. 7, 1895  
4. Place of Birth, (Street and Number) 1404 E. Biddle St.  
5. Full Name of Mother, Rebecca Kattum Boyce  
6. Mother's Maiden Name, " Miller  
7. Mother's Birthplace, Balt. Md.  
8. Full Name of Father, Fred G. Boyce  
9. Father's Occupation, Ticket agent  
10. Father's Birthplace, Balt. Md.  
Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.  
Address, 1121 McCardin St.  
Remarks, FILED 1895

Section 5. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the mother, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of its birth, the day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 101776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 7, 1895

4. Place of Birth, (Street and Number) 2118 Calton Ave.

5. Full Name of Mother, Mary C. Taylor

6. Mother's Maiden Name, " " Rudolph

7. Mother's Birthplace, Balt. Ind.

8. Full Name of Father, Geo. E. Taylor

9. Father's Occupation, Insurance Broker

10. Father's Birthplace, Balt. Ind.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 Maryland St.

Remarks, \_\_\_\_\_





Section 2. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the authority of the Board of Health, shall keep a true and correct record of the births occurring in the City of Baltimore, and shall set forth in a book, to be furnished by the Commissioner of Health, the full name and color of the mother, the full name and color of the child, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22, 1893

4. Place of Birth, (Street and Number) 1126 E. Lamar St.

5. Full Name of Mother, Clara Helen

6. Mother's Maiden Name, Wells

7. Mother's Birthplace, Belle Mead

8. Full Name of Father, Laurence B. Wells

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 W. Caroline St.

Remarks, \_\_\_\_\_

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the license granted by the Board of Health, shall keep a true and correct register of such births, and shall submit the same to the Registrar of Vital Statistics, at the office of the Board of Health, at the expiration of each month, and shall set forth as far as the same can be ascertained, the full name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the date and place of birth of the father, and shall also set forth the name of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 101779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 30, 95*

4. Place of Birth, (Street and Number) *2202 Orleans St.*

5. Full Name of Mother, *Margaret C. Talbot*

6. Mother's Maiden Name, *" " G. J.*

7. Mother's Birthplace, *Bach. Md.*

8. Full Name of Father, *Chas. M. Talbot*

9. Father's Occupation, *Supt. of Laundry*

10. Father's Birthplace, *Bach. Md.*

Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman M.D.*

Address, *1121 7th Avenue St.*

Remarks,

name added 4-30-18  
from certificate B56544  
signed by Hartman

Section 5.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose name and seal a birth certificate is issued shall keep a true and correct record of such births, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her name, and shall set forth as far as the same can be ascertained the full name of each child; its sex, color, date of birth, and the name and occupation of its parents, the date and place of birth; and the date of its registration in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child or report of its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 6.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose name and seal a birth certificate is issued shall keep a true and correct record of such births, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her name, and shall set forth as far as the same can be ascertained the full name of each child; its sex, color, date of birth, and the name and occupation of its parents, the date and place of birth; and the date of its registration in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child or report of its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) <sup>3rd</sup> \_\_\_\_\_

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 31, 1895

4. Place of Birth, (Street and Number) 1515 W. Hancock St.

5. Full Name of Mother, Emily Rebecca Smith

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Beth. Ind.

8. Full Name of Father, Jno. H. Smith

9. Father's Occupation, Carpenter

10. Father's Birthplace, Kelaware

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 W. Caroline St.

Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct register of such births, and shall set forth as far as the same can be ascertained, the name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, to report such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4, 1895
4. Place of Birth, (Street and Number) 1625 E. Federal St.
5. Full Name of Mother, Rose Adams
6. Mother's Maiden Name, " Bell
7. Mother's Birthplace, Harpers Co. Md.
8. Full Name of Father, John Lee Adams
9. Father's Occupation, Wholesale Grocer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.
- Address, 1121 W. Carroll St.
- Remarks, \_\_\_\_\_

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall immediately after the birth thereof, enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been conferred, its sex, color, the date and place of birth, and the name of the practitioner in the fact, and the date and place of birth, and the name of the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH. L01782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3. 1895

4. Place of Birth, (Street and Number) 1236 (Catharine Ave.)

5. Full Name of Mother, Margaret Agnewitz

6. Mother's Maiden Name, " (Healy)

7. Mother's Birthplace, York, Penna.

8. Full Name of Father, Geo. J. Agnewitz

9. Father's Occupation, Photographer

10. Father's Birthplace, York, Penna.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 W. Caroline St.

Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence such birth shall occur, shall keep a true and correct register of such births, and shall enter the same on blank schedule to be provided for that purpose by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, of any child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each child's birth, and shall deliver the same to the office of the Commissioner of Health, on the third day of each month, and shall be liable to the penalty of ten dollars for each offence, and shall be subject to the fine of ten dollars for each offence, and shall be liable to the penalty of ten dollars for each offence, and shall be subject to the fine of ten dollars for each offence.

GIVEN NAME ADDED 12-13-55  
RETURN OF A BIRTH. L01783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leonard Arnold ~~to~~ Siemens.  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male
  2. Race or Color, (if not of the white race)..... White
  3. Date of Birth,..... Aug. 2, 1895
  4. Place of Birth, (Street and Number)..... 31 N. Cum St.
  5. Full Name of Mother,..... Annie K. B. Siemens
  6. Mother's Maiden Name,..... " " " Kerschapp
  7. Mother's Birthplace,..... Balt. Md.
  8. Full Name of Father,..... Arnold G. J. Siemens
  9. Father's Occupation,..... Grocer
  10. Father's Birthplace,..... Germany
- Name of Medical Attendant, or other person who makes this Return,..... Geo. A. Hartman M.D.
- Address,..... 1121 W. Caroline St.
- Remarks,.....



# RETURN OF A BIRTH. L01784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex, (state whether male or female). *male*

2. Race or Color, (if not of the white race) — Caucasian

3. *Date of Birth*, ..... *Age*, .....

4. *Place of Birth, (Street and Number)*-----215-----

5. Full Name of Mother, John

6. *Mother's Maiden Name,*-----

7. *Mother's Birthplace,* .....

8. Full Name of Father, .....

9. *Father's Occupation*..... Captain

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return *See*

Address, .....

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L.61785

To the Office of Registrar. of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 19, 1895

4. Place of Birth, (Street and Number) 1621 E. Lawrence St.

5. Full Name of Mother, Maud Webster Simmons

6. Mother's Maiden Name, " Webster

7. Mother's Birthplace, Somerset Co. Md.

8. Full Name of Father, Edgar D. Simmons

9. Father's Occupation, Electrical Contractor

10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, W. A. Hertman M.D.

Address, 1121 W. Caroline St.

Remarks,

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be made, shall keep a true and correct record of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled out by the midwife, or other person, and shall set forth, in full, the name of the child, its sex, color, the date of birth, the day of each and every month to the office of the Commissioner of Health, in the manner and within the time above required, and shall occur without the attendance of a physician or practitioner of medicine. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons be in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

RETURN OF A BIRTH. L01786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 28. 1875

4. Place of Birth, (Street and Number) 1511 E. Madison St.

5. Full Name of Mother, Sarah C. Clark

6. Mother's Maiden Name, " " Skidmore

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Wm. J. Clark

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 W. Caroline St.

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. L01785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.*

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Dale of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother

6. *Mother's Maiden Name.*

### 7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*10. *Father's Birthplace.*

*Name of Medical Attendant,* or other person who makes this Return

Address

*Remarks:*

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. L01788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) - Chet

3. *Date of Birth,* ..... Oct. 10, '61

4. *Place of Birth, (Street and Number)*..... 1516 E. Indiana St.

5. Full Name of Mother, Margt. Sophie Diet

6. *Mother's Maiden Name,*..... " " " *Mama*

7. *Mother's Birthplace*,..... *Barbina*

8. Full Name of Father, Wood In. Hill

9. *Father's Occupation*.....

0. Father's Birthplace, 1905, Co. Sud

Name of Medical Attendant, or other person who makes this Return *Lee A. Hartman, M.D.*

Address, 1121 Martin St.

Remarks, .....

Wm. J. C. Dulany Co., City Printers and Stationers

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same in a book to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, of its sex, color, the date of its birth, the place of birth, the day of its delivery, the name and occupation of its parents, the date when the first attendance upon the mother occurred, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the name of the midwife, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Laurence Murray Codori* Third  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 30, 1893*
4. Place of Birth, (Street and Number) *1615 N. Broadway*
5. Full Name of Mother, *Melina Blanche Codori*
6. Mother's Maiden Name, *Moran*
7. Mother's Birthplace, *Bath, Ind.*
8. Full Name of Father, *John A. Codori*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Gettysburg, Penn.*

Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman M.D.*

Address, *OTHER NAME ADDED 4-24-53 1131 7th Avenue St.*

Remarks, *A.M.*

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of registering a birth, shall hereafter take place, shall keep a book or record of births, in which shall be entered the name of the mother, the name of the child, the date of birth, the sex, the color, the place of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance, the name of the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 26/95*
4. Place of Birth, (Street and Number) *Cathedral St.*
5. Full Name of Mother, *Louise Estelle Bruce*
6. Mother's Maiden Name, *" "* *Fisher*
7. Mother's Birthplace, *City*
8. Full Name of Father, *R. Cathell Bruce*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Pa.*
- Name of Medical Attendant, or other person who makes this Return, *J. Whitely William*
- Address, *445 Park Ave.*
- Remarks,



Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct record of such birth, and shall enter the same on a blank schedule furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred during the month, and shall be filled out as far as the same can be ascertained the full name of each child, the sex, the date and place of birth, the name of the mother, the name and occupation of its parents, the date and place of birth of the mother, and the day of each and every month to the day of the birth of the child, and the name of the physician or midwife attending upon the mother, immediately thereafter, in the case of a birth occurring within the third day of each and every month to the day of the birth of the child, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 21st 1895

4. Place of Birth, (Street and Number) 145 E. Lincoln St.

5. Full Name of Mother, Catherine Thompson

6. Mother's Maiden Name, Harrison

7. Mother's Birthplace, City

8. Full Name of Father, R. W. Thompson

9. Father's Occupation, Lawyer

10. Father's Birthplace, City

Name of Medical Attendant, J. Whitely Williams

Address, 145 E. Lincoln St.

Remarks,

SECTION 1. And he it further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall, at a true and correct registrar of births, and shall enter the same in a book, to be furnished by the Commissioner of Health, and shall set forth in said book, as far as the same can be ascertained, the name of each child, if any shall be born, the sex, color, date of birth, and occupation of its parents, and the date and place of birth; and the said day of each and every month to the occurrence of a birth, and the name of the practitioner of midwifery, or shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 101792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) Colored
  3. Date of Birth, November 6, '95
  4. Place of Birth, (Street and Number) 518 Cross Alley
  5. Full Name of Mother, Sarah Washington
  6. Mother's Maiden Name, Sarah Brown
  7. Mother's Birthplace, Ind
  8. Full Name of Father, William Washington
  9. Father's Occupation, Jobber
  10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D.  
Address, 410 W. Hoffman St.  
Remarks, \_\_\_\_\_

Extract from the Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct record of the births which have occurred under his license, and shall set forth as far as the same can be ascertained the full name of each child, of its sex, color, the date and place of birth, and the name of its parents, the date and place of birth of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 14 1895

4. Place of Birth, (Street and Number) 1105 Little Mackelden St

5. Full Name of Mother, Sarah Shair

6. Mother's Maiden Name, Sarah Kurevitz

7. Mother's Birthplace, Russia

8. Full Name of Father, Salomon Shair

9. Father's Occupation, Presser

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa A. Finelberg

Address, 272 Loyd St

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. L91794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Nov 9 1895*  
4. Place of Birth, (Street and Number) *422 East St*  
5. Full Name of Mother, *Miriam Tailor*  
6. Mother's Maiden Name, *M. Kurevitz*  
7. Mother's Birthplace, *Russia*  
8. Full Name of Father, *Abraham Tailor*  
9. Father's Occupation, *Tailor*  
10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, Rosa F. Fenech

Address, 179 Lloyd St  
Remarks

Remarks.

**SECTION 7.—**And be it further enacted, That the Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Baltimore under whose charge or superintendence the said Department shall be established, shall register or certify birth, and shall enter the same on placards, which placards shall be numbered in the month, and shall contain a list of the births which have taken place during the month, and shall be set forth as far as the same can be ascertained, the full name of the child, the date of the birth, the full name and occupation of its parents, the date of the birth, the place of birth, and the date of the birth, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above specified, to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

**SECTION 7.**—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged or superintendence a birth shall be registered in the City and County of Baltimore, and shall enter the same on blank schedule to be provided for that purpose, within one month, and shall set forth as far as the law can be ascertained the full name of each child, the date of its birth, the sex, color, the full name of its parents, the date and place of its birth, and the occupation of its parents, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or a practitioner of midwifery, or should no other person be called in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so called in to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L01795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Samuel Schneider  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, Oct 26 1895  
 4. Place of Birth, (Street and Number) 209 E. High St.  
 5. Full Name of Mother, Rachel (Frieder) Schneider  
 6. Mother's Maiden Name, Rachel Finberg  
 7. Mother's Birthplace, Russia  
 8. Full Name of Father, Isaac (Frieder) Schneider  
 9. Father's Occupation, Tailor  
 10. Father's Birthplace, Russia  
 Name of Medical Attendant, or other person who makes this Return, Rosa Finberg  
 Address, 27 Lloyd St.  
 Remarks,

Smith, John

1204. Surname  
Snider  
Schneider

To change Sex  
from Female  
to Male

3.

To add Given Name  
From \_\_\_\_\_  
to \_\_\_\_\_

Address. 4040 W. Cold Spring Lane

Evidence returned 1.20 1958 by MAH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Female

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *W. E. B. DuBois*

3. Date of Birth, Nov. 9 1893

4. *Place of Birth, (Street and Number)* 1178 E. Lombard St.

5. Full Name of Mother, Sarah Bossett

6. Mother's Maiden Name, Sarah Goldsmith

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Rosenstein

9. Father's Occupation.....*Captain*

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. H. A. F.

Address, 24 Lloyd St

Remarks, .....

Wm. & C. Dulany Co., City Printers and Stationers

Section 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the charge of the Superintendent of Health shall hereafter take and keep a true and correct register of such births as shall occur in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be born, conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 4, '95
4. Place of Birth, (Street and Number) 1124 Shields Alley
5. Full Name of Mother, Rosa Sorsey
6. Mother's Maiden Name, Rosa Major
7. Mother's Birthplace, Var
8. Full Name of Father, Ed. Sorsey
9. Father's Occupation, Sailor
10. Father's Birthplace, N. C.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M. D.  
Address, 410 W. Hoffman St.  
Remarks, \_\_\_\_\_



SECTION 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, or who shall be charged with the duty of attending at the birth of a child, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the said schedule shall require, the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or other person or persons who shall be required to attend upon the mother, immediately thereafter it shall become the duty of the person or persons so required to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Nov. 23<sup>rd</sup> 1895.
4. Place of Birth, (Street and Number) 545 McMechin St.
5. Full Name of Mother, Lizzie T. Thomas
6. Mother's Maiden Name, Lizzie M. Nelson
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, James M. Thomas.
9. Father's Occupation, Coachman.
10. Father's Birthplace, Easton Shore.
- Name of Medical Attendant, or other person who makes this Return, Maria Jones.
- Address, 1337 Whatecoat St.
- Remarks, \_\_\_\_\_

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be recorded shall keep a true and correct record of each birth, and shall enter the same on blank schedule, to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth for each birth the name of the child, the date and place of birth, the sex, color, race, and occupation of its parents, the date and place of birth of the mother, and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

EXTRACT REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

## RETURN OF A BIRTH. L01799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, October 20 1895
4. Place of Birth, (Street and Number) 1137 W. hatcoat St Balto Md.
5. Full Name of Mother, Beth M. Rollins
6. Mother's Maiden Name, Beth M. Hill
7. Mother's Birthplace, Essex Co. N. a
8. Full Name of Father, Elijah Rollins
9. Father's Occupation laborer
10. Father's Birthplace, Essex Co. N. a
- Name of Medical Attendant, or other person who makes this Return, Mrs. Maria Jones
- Address, 1337 W. hatcoat St Balto. Md.
- Remarks, \_\_\_\_\_

SECTION 5. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose certificate a birth shall hereafter take place shall keep a true and correct register of such birth, and shall cause the same to be entered on a blank schedule, to be furnished by or for the Commissioner of Health. This schedule shall contain a list of the names of the persons who have occurred under his or her certificate, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, color, the full name and occupation of the mother, the date and place of birth, and the name of the medical attendant, and shall be signed by the practitioner in the presence of the Commissioner of Health, or a physician or practitioner of health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 23, 1895

4. Place of Birth. (Street and Number) 371 Cross Alley

5. Full Name of Mother, Ida Pratt

6. Mother's Maiden Name, Ida Gordon

7. Mother's Birthplace, Ind

8. Full Name of Father, Thomas Pratt

9. Father's Occupation, Laborer

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, Louis Carson, M.D.

Address, 410 N. Hoffman St.

Remarks, \_\_\_\_\_

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his care during the year, and shall set forth as far as the same can be ascertained the full name of each child, of its sex, color, date of birth, the date and place of its birth, the name and occupation of its parents, the date and place of its birth, the name and occupation of the practitioner of midwifery, or should no other person be in attendance upon the mother, the name and occupation of the physician or practitioner of midwifery, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

over

Name of Child: *Bertha Terlitzky*  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *22 October*  
 4. Place of Birth, (Street and Number) *107 Alameda St.*  
 5. Full Name of Mother, *Emma (Terlitzky) Terlitzky*  
 6. Mother's Maiden Name, *Terlitzky*  
 7. Mother's Birthplace, *Russia*  
 8. Full Name of Father, *Yoris (Terlitzky) Terlitzky*  
 9. Father's Occupation, *Recluse*  
 10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Mrs E. Sherman*  
 Address, *42 Alameda St.*  
 Remarks,

CORRECTED BY 1900 Census Record and Mother's affidavit  
SEE DOCUMENT FILE NO. 1-91801  
DATE 8/14/45 M. A. Powers  
CLERK

REGISTRAR OF VITAL STATISTICS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.  
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place shall keep a true and correct record of such birth, and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be entered therein, and shall be set forth as far as the same can be ascertained the full name of the child, the date of birth, the sex, color, the full name and occupation of its parents, the date of birth, the place of birth, and the day of each birth, and the name of the practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons in attendance upon the mother to comply with the provisions of this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18 1895
4. Place of Birth, (Street and Number) 1840 E. Fiddle st. Prager
5. Full Name of Mother, Descentia M. Kaufmann
6. Mother's Maiden Name, E. M. Kaufmann
7. Mother's Birthplace, Ohio
8. Full Name of Father, Henry A. Prager
9. Father's Occupation, Barber
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other person who makes this Return, Frederick A. Meyer M.D.
- Address, 1019 N. Caroline st.
- Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L01803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 25, 1895

4. Place of Birth, (Street and Number)..... 406, Pearl St.

5. Full Name of Mother, Louisa Gresh

6. Mother's Maiden Name, L. Schelder

7. *Mother's Birthplace*,..... *Port Antonio* (27)

8. Full Name of Father, Frederick Guel

9. Father's Occupation..... *driver - teacher*

10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other person who makes this Return, Maxie E. Thalvitzky, M.D.

Address, 795 Mulberry Street

Remarks. ....

Win. J. C. Dulany Co., City Printers and Stationers

Extract Regulations of the Health Department to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the charge or superintendence of the Health Department shall, hereafter take place, shall keep a full and correct register of such births, and shall enter the same on blank forms, to be furnished by the Commissioner of Health, and shall set forth as far as possible, a list of the births which he or she has attended, in the manner and within the period above required, and shall cause the same to be delivered, duly signed by the practitioner of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, and shall cause the birth of any child to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01804  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *November 8<sup>th</sup> 1895*  
4. Place of Birth, (Street and Number) *1419 Clarkson St.*  
5. Full Name of Mother, *Nellie Durr*  
6. Mother's Maiden Name, *" Fuchs*  
7. Mother's Birthplace, *Lumburg Pa.*  
8. Full Name of Father, *George R. Durr*  
9. Father's Occupation, *Butter Merchant*  
10. Father's Birthplace, *Barto Pa.*  
Name of Medical Attendant, or other person who makes this Return, *Dr. P. G. Scheidt M.D.*  
Address, *1458 Riverside Ave.*  
Remarks,



Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place shall keep a true and correct record of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The said schedule shall contain a list of the following particulars:—The date and hour of birth; the sex, color, the full name and occupation of the mother, the date and place of her birth; and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it shall become the duty of the person or persons who shall immediately thereafter report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01805  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 28th 1898.*
4. Place of Birth, (Street and Number) *1116 Harford Ave.*
5. Full Name of Mother, *Mary Repp*
6. Mother's Maiden Name, *Meil*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Repp*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *L. H. Seldner M.D.*
- Address, *1201 East Eager St.*
- Remarks, \_\_\_\_\_

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose child shall be born, shall keep a true and correct register of such birth, and shall, under the same on blank schedule, to be furnished by the Commissioner of Health, set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of such and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. LG1806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 26th 1885*

4. Place of Birth, (Street and Number) *1009 N. Register Str.*

5. Full Name of Mother, *Catherine Miller*

6. Mother's Maiden Name, *Frickel*

7. Mother's Birthplace, *Herman*

8. Full Name of Father, *Richard H. Miller*

9. Father's Occupation, *Provision Dealer*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other person who makes this Return, *J. B. Hildner, M.D.*

Address, *1001 East Eager St.*

Remarks, \_\_\_\_\_

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the license of superintendence a birth shall hereafter take upon him to keep a true and correct register of such births, and to enter the same on blank schedule, to be furnished him by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be born, its sex, color, the date and place of birth, the date and place of delivery, the date and place of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L01807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 26<sup>th</sup> 1895

4. Place of Birth, (Street and Number) 1002 Jackson St

5. Full Name of Mother, Franklin L. Harverson

6. Mother's Maiden Name, Maximal

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm H R Harverson

9. Father's Occupation, black

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, D. A. Seldner M.D.

Address, 1521 E. Bayview St

Remarks, \_\_\_\_\_

Section 7.—And he it further enacted, and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall be bound to file and correct the Record of Vital Statistics in the City of Baltimore.

Section 8.—And he it further enacted, and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall be bound to file and correct the Record of Vital Statistics in the City of Baltimore.

CERTIFICATE CORRECTED 10-4-57 L01808  
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Frederick Birx*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Nov. 22nd 1895*  
4. Place of Birth, (Street and Number) *11 Third Bank Lane N. E. Annex*  
5. Full Name of Mother, *Louise Banks Birx*  
6. Mother's Maiden Name, *Sesana*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Frederick Birx*  
9. Father's Occupation, *Portman*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other person who makes this Return, *L. W. Saphier M.D.*  
Address, *104 East Cass St.*  
Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.  
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence any child is born, shall keep a true and correct register of such birth, and shall enter the same on blank sheets provided for that purpose, and shall at the end of each month, and shall at the end of each year, deliver a true and correct copy of the same to the Commissioner of Health, and shall be subject to the inspection of the Commissioner of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 18<sup>th</sup> 95*
4. Place of Birth, (Street and Number) *1014 Park Ave. New York City*
5. Full Name of Mother, *Mary Singer*
6. Mother's Maiden Name, *Miller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Frederick Singer*
9. Father's Occupation, *Book Binder*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Dr. St. John M. D.*
- Address, *1231 E. Bay St.*
- Remarks, \_\_\_\_\_

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7. - And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge and superintendence a birth shall hereafter take place, shall keep a full and correct register of such birth, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its father, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

one

Name: Ethel G. Mettel  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 24 1915

4. Place of Birth, (Street and Number) 1928 G. Preston St.

5. Full Name of Mother, Margaret F. Mettel

6. Mother's Maiden Name, J. Lawrence

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Mettel

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. H. Lawrence, M.D.

Address, 507 East Eager St.

Remarks, \_\_\_\_\_

CORRECTED BY Insurance record and affidavit  
SEE DOCUMENT FILE NO. 6, 5, 810  
DATE 8/17/45 W. O. Russell  
CLERK

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.  
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to make and correct a register. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the sex, color, date of birth, name of each child, if any shall have been conferred its sex, color, full name and occupation of its parents, date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or a physician or practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or she and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L01811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Nov 20th 1895  
4. Place of Birth, (Street and Number) 154 Hollington Ave  
5. Full Name of Mother, Margaret J. Ramsey  
6. Mother's Maiden Name, Watson  
7. Mother's Birthplace, Balt  
8. Full Name of Father, William R. Ramsey  
9. Father's Occupation, Harmon Elevator Works  
10. Father's Birthplace, Balt  
Name of Medical Attendant, or other person who makes this Return, W. H. Solferino M. D.  
Address, 1541 E. Bager St  
Remarks, \_\_\_\_\_



**Extract** Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 7.—And be it further enacted, That the following regulations shall be observed by the Registrar of Births and Deaths in the City of Baltimore:

[illegible]

RETURN OF A BIRTH. L01812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

### 7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace.*

*Name of Medical Attendant,* or other person who makes this Return

*Address.*

Remarks.

**SECTION 7.—Record of Vital Statistics in the City of Baltimore.**  
Baltimore under whose charters it is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who registers or registers a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred, and the Commissioner of Health, and shall set forth as far as may be ascertained the full name of each child, her or his age during the month, and shall confer its sex, color, the full name of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the birth of any child such record without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Oct 24th 95*  
4. Place of Birth, (Street and Number) *542 Forest St*  
5. Full Name of Mother, *Fannie Corp*  
6. Mother's Maiden Name, *Boroffki*  
7. Mother's Birthplace, *Russia*  
8. Full Name of Father, *Saml Corp*  
9. Father's Occupation, *Merchant*  
10. Father's Birthplace, *Russia*  
Name of Medical Attendant, or other person who makes this Return, *St Soldier M. S.*  
Address, *1501 E 29th St*  
Remarks,

[illegible]

Record of Vital Statistics in the City of Baltimore

[illegible]

RETURN OF A BIRTH. 101814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Other

3. Date of Birth, .....

4. Place of Birth, (Street and Number). 809 E. Jackson - St.

5. Full Name of Mother, Calvinia Litz

6. Mother's Maiden Name, Gulla

7. Mother's Birthplace, Spain

8. Full Name of Father, Henry L. L. L.

9. Father's Occupation.....  
10. Father's Birth.....

Name of Medical Attendant \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, Dr. H. J. Soldner, M.D.

Address, 1301 E. Tanager St.

Remarks, .....

Register of such birth, and shall enter the same on a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics and of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 28th 95*

4. Place of Birth, (Street and Number) *1519 N. Spring St.*

5. Full Name of Mother, *Reinal Mausberger*

6. Mother's Maiden Name, *Allmendinger*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Joseph Mausberger*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *S. H. Edgar, M. D.*

Address, *1501 E. B. St.*

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH.

101816

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 8 . E. D M 1895

4. Place of Birth (Street and Number) 110 S Ann Street

5. Full Name of Mother Mary Rebecca Cunningham

6. Mother's Maiden Name R. H. Baker

7. Mother's Birthplace Balto City

8. Full Name of Father Charles E Cunningham

9. Father's Occupation Real Estate Agent

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return James E Linnell M D

Address 1201 Baltimore St East

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

SECTION 10. This schedule shall be signed and ordered, that every per be furnished with the commission of a birth, and shall set forth as far as the same can be ascertained, the name of each child, (if any) shall have been conferred) its sex, color, the full name and occupation of its mother, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101817  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Nov 1893

4. Place of Birth, (Street and Number) 27 E. Lombard St

5. Full Name of Mother, Margaret Hullsman

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John S. Hullsman

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. A. Brooks

Address, 1822 Bright St

Remarks, During week

City of Baltimore, Md.  
Certificate of Birth  
No. 10-818  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.  
Name: Harry Milford Medicus  
To. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child  
Sex, (state whether male or female) Male  
Race or Color, (if not of the white race) White  
Date of Birth, Dec. 9, 1895  
Place of Birth, (Street and Number) 1113 Lombard St.  
Full Name of Mother, Margaretta Medicus  
Mother's Maiden Name, (Kaiser)  
Mother's Birthplace, Balt.  
Full Name of Father, Frank L. Medicus  
Father's Occupation, Bookkeeper B.O.R.  
Father's Birthplace, Germany  
Name of Medical Attendant, or other person who makes this Return, Geo. O. B. Books  
Address, 4828 Bright St.  
Remarks, Doing well



1. Baptismal Record

Employment Record

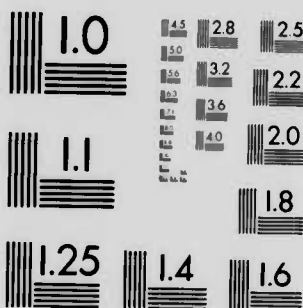
Date of Birth  
Mar 23, 1895  
Dec 9, 1895

Mother's Maiden Name  
Hansen  
Kaiser

Name of  
Address 3713 Brooklyn Ave. Bait 25th  
Evidence taken 10-25-1960 by H.H.

# MARYLAND STATE ARCHIVES

PM-1 3½"x4" PHOTOGRAPHIC MICROCOPY TARGET  
NBS 1010a ANSI/ISO #2 EQUIVALENT



PRECISION<sup>SM</sup> RESOLUTION TARGETS

PIONEERS IN METHYLENE BLUE TESTING SINCE 1974



15000 COUNTY ROAD 5, BURLINGAME, CA 94002, USA  
TEL: 912 435 7867 FAX: 912 435 7867 T.L.X. 110000488



## CERTIFICATE OF CAMERA OPERATOR

I hereby certify that the documents represented by the micrographics appearing on this roll of film designated as Reel No. CR 77,463 were photographed by the undersigned on this date.

L01216 - L01818

Reel begins with 1871

Reel ends with 1895

By RONALD DOYLE

Date 8-2-96

T 97-600

Maryland State Archives